

A Systems Approach to Sick Leave Management

Strategic Management of Change

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ABSTRACT

Problem:

Members of the St. Bernard Fire Department have been using a large amount of sick time over the past several years. The fact that sick leave accrual has been gradually reduced from fifteen (15) tours a year to eight (8) tours a year had expectations that the usage should be decreasing rather than increasing.

Purpose:

The purpose of this applied research paper is to evaluate the sick leave use patterns of the St. Bernard Fire Department since 1985 as an organization.

Descriptive and evaluative research methods were used to answer the following questions:

1. Has the use of sick leave increased during this period in which, because of a reduction of accrual limits, it was expected to decrease?
2. Is it reasonable to suspect that sick leave is being abused?
3. If it is reasonable to suspect sick leave abuse, is there an explanation for the abuse?

All the data concerning sick leave use was collected and a database created. Data was manipulated to produce the information/charts/graphs used in this report. The resulting data was then compared to what was happening within the organization during that particular time.

The department had an exemplary sick leave record, except for a couple of months in 1993, up until 1995. Organizational sick leave usage was at or below the 2% rate of absenteeism level considered satisfactory from the literature review. The short hiatus in 1993 was due, in part, to an attempt by city council to control sick leave usage through minimum manning levels. Even then the fire department

settled down and returned to acceptable levels sick leave use until 1995. Then a decade long struggle with the city over the residency issue would eventually manifest itself as sick leave abuse on an organizational level. Sick leave was used as a form of revenge against the city.

City administrators have to be very careful not to overreact to this increase. Typically, the department has demonstrated a tendency to return to the 2% level on its own. The city must be patient. In 1997 a 30% decrease in usage was experienced. To reach the 2% level, the 1997 usage needs to be halved. Careful documentation of sick leave usage on an individual level is recommended. When individual abuse is suspected action should be taken to protect the organization from the attitude that “if he can do it, so can I.” Finally, particular attention should be paid to the time period immediately preceding the next scheduled labor negotiations. If an increase in sick leave usage occurs maybe the manner in which negotiations are handled needs to be investigated.

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INTRODUCTION

The problem is some administrative office holders of the City of St. Bernard have noticed increases in the amount of sick leave being used by the members of the St. Bernard Fire Department. They find the notion of this bit a disturbing and suspect abuse to some degree. Some people in the administration seem to feel that sick leave should be decreasing since the amount of sick time earned by fire department personnel has been contractually reduced from fifteen (15) tours per year to eight (8) tours per year over the last twelve years.

Some actions have been taken in the past to control suspected sick leave abuse. Although these actions seemingly corrected the immediate indications (overtime expenditures) of sick leave abuse, the number of hours used is still very high. There is also recent concern over what kind of damage may have been done to the organization by those actions.

It is hoped that through this study a more comprehensive understanding of the St. Bernard Fire Department, as an organization will result. The new insight gained can be used to provide a basis for improved decision-making skills.

The purpose of this research paper is to evaluate the sick leave use patterns of the St. Bernard Fire Department since 1985 as an organization.

This research uses descriptive and evaluative research methods to answer the following questions:

1. Has the use of sick leave increased during this period in which, because of a reduction in the accrual limits, it was expected to decrease?
2. Is it reasonable to suspect that sick leave is being abused?
3. If it is reasonable to suspect sick leave abuse, is there an explanation for the abuse?

BACKGROUND AND SIGNIFICANCE

In the spring of 1985 Governor Celeste, of the State of Ohio, signed into law legislation known as Ohio Revised Code, Chapter 4117-Public Employees Collective Bargaining Act, creating the State Employees Relations Board or SERB. The act required municipalities to negotiate with recognized labor organizations on matters concerning terms and conditions of employment and directed that a contract be entered into with that organization.

This dramatically changed the manner in which the City of St. Bernard dealt with its employees. Rather than boisterous discussions and back room meetings from which politically motivated unilateral decisions turn into city ordinances, the city was "forced" into good faith negotiations with the unions. Instead of city ordinances that could easily be changed, thereby creating leverage from which threats or discipline could be apportioned, the union had a labor agreement. A pivotal transformation had occurred over which neither party had complete control but was sensed by both factions to be slanted to the union's benefit. The law provided the unions a means by which they could pursue their interests and enabled them to anticipate the city's options. It provided the city an opportunity to employ professionals to represent them at the bargaining sessions reducing the personal flavor previously associated with "negotiations." It changed forever the process of small town politicking into impersonal, third party negotiations with the union feeling it possessed a certain advantage.

Negotiations on a first contract began in the fall of 1985 and the contract was signed on March 6, 1986. The bargaining went as smoothly as could be reasonably expected considering the pressure from the union faction to "win." In retrospect two significant events did occur. The union agreed to a reduction in the amount of annual sick leave accrual from fifteen (15) tours a year to twelve (12) tours a

year beginning in the second year of the contract (1987). The union filed an "Unfair Labor Practice" against the city for refusing to negotiate residency.

The sick leave accrual issue was a major source of irritation to union members. It represented the first ever concession made by the union to preserve other benefits in the fifty-year history of the union. Secondly, it affected the retirement benefits of anybody retiring before 1989. The union was not aware of the latter consequence, as probably neither was the city.

From the original negotiations the city was burdened with challenging the unfair labor practice concerning the union's right to bargain against forced residency. The State of Ohio had taken legal action against the City of St. Bernard to require the city to comply with the SERB ruling requiring the city to bargain in "good faith" on the residency issue. The issue went through the various courts until finally the Ohio Supreme Court refused to hear the city's appeal. That decision rendered the Court of Appeals verdict "final." Other attempts by the city to litigate its right to unilaterally decide residency also failed. Consequently, the residency issue would reach the bargaining table in November of 1994. Two subsequent contracts had been negotiated and signed since the residency imbroglio began.

Meanwhile, on December 16, 1992 the Safety Director issued a policy statement effective January 1, 1993 that curtailed the use of overtime to replace sick firefighters. Previously it had been the policy of the city to continuously man the firehouse with a minimum of seven (7) men. The new policy authorized manning levels to decrease to six (6) personnel due to sick leave usage. In response to meetings held with the union's safety committee the administration eventually allowed manning levels to return to seven (7) during the event of "fire or other emergencies" as of April 28, 1993.

As the result of the change in the minimum manning due to sick leave usage a "*Top Ten List*"

was created by fire department personnel and distributed throughout other city departments. The list was critical of several recent city positions and insulting to some city officials. Three firefighters were disciplined on the content of the list as the result of its distribution. Had the list remained in the firehouse the likelihood of any disciplinary action was remote. As it happened, the fire chief was the one who distributed the list through the city's mail system. A fact not well known was he lost three days vacation for his role in the distribution of the list.

The Fire Chief of eight years retired in June of 1993. In that time between December 16, 1992 and his retirement he was at the center of what could be considered a tumultuous atmosphere in the fire department. To suggest that his retirement was, in part, precipitated by his adamant objections to his perception of interference from the city concerning the six man manning levels due to sick leave would be a fair statement.

A new chief was promoted from within the ranks in August of 1993. This was the first change in fire department administration since the institution of the contractual relations in 1985-86. This particular person was a former union president and represented the union's position during the original negotiations in 1985-86.

Both parties entered the 1994 negotiations anticipating the residency issue going to conciliation.

Administrative officials felt they were properly representing their constituency by requiring city employees to maintain residency. The Police and Service Department employees had either agreed to residency or were properly and legally covered by the residency umbrella. To capitulate to the Fire Department would create a myriad of difficulties. Although neither side would publicly admit it, some significant posturing for negotiations soon began.

The union began a comprehensive review of their expenses looking to trim their budget. Dues were raised to create a "war chest" and send a message to city hall since the auditor administered due's deductions. A strong, outspoken opponent of residency was elected president of the union and he handpicked the negotiating committee. Individual members of the union would go to city hall, on the pretense of research, to reinforce a union's presence. For the first time a labor attorney would represent the union during the negotiations. All these actions were carried out in such a way was designed to attempt to unnerve city hall.

The city, on the other hand, was characterized by one member as unusually quiet. It seemed that all communication was conducted only through the respective attorneys. If that were to remain the case then avoiding arbitration would be impossible. The perception by the union being they (city administrators) were bunkered down and prepared for a long bitter battle.

As it turned out neither side was wrong. Five issues went to arbitration.

1. **Residency** - Union 's position wanted to move out of town after ten (10) years service but stay within 25 miles of the city; city's position - remain residents.
2. **Hours of Work** - Union wanted a 48-hour workweek; city proposed status quo
3. **Paramedic Status** - Union wanted members to have the ability to give up their paramedic certification at any time. City proposed that paramedics might not give up their certification if there were less than thirteen paramedics remaining in the department. Any decertification was to be by seniority.
4. **Sick Leave** - Union wanted status quo (12 tours annually); city proposed 8 tours annually
5. **Wages** - Union wanted 3.75% effective 1/1/96; city 4.5% effective 10/1/95

Each side was hoping to persuade the conciliator to accept a total package rather than decide

each issue on a case by case basis. He awarded the members of the union their position on residency and wages. He awarded the city their positions on the remaining issues.

The Union's success was short lived because the city refused to accept the arbitrator's decision on the residency issue. They (the city) honored every other aspect of the agreement except residency and went back to court on that issue. Timing became a significant element in the city's position because the conciliator's decision wasn't announced until 12/29/95. A different union president had been elected and his personal views on residency were considered more moderate than his predecessor's. This contract was only a two-year deal with the first entire year spent in negotiations. New negotiations would commence in around nine months. Nobody received a raise in 1995 and the scheduled 1996 raise of 3.75% represented two years' efforts. All other city employees had received increases amounting to 4.5%.

The city sensed the union's position on residency might soften to more reflect what they (the city) felt to be more representative of the union's true attitude. City officials believed there was a "silent majority" in the union. They felt that most of the members of the fire department agreed to live in town when they took the job and were willing to live by that agreement once given an incentive to express themselves.

The mayor and representatives of the union then began a series of informal discussions to discover whether a new contract could be reached without introducing lawyers into the negotiations. The city presented what could be considered an ultimatum package that included the return to the fire department the equivalent pay raise of what the other city employees received in the years of 1995 and 1996 and paid it retroactively to January 1st, 1995. There was even some limited back pay

consideration to recently hired members that were unaffected by the lack of a raise. This amounted to several thousand-dollars in back pay to each member depending on overtime worked. Eventually the details were worked out and the union agreed to accept the city's proposal by a vote of eighteen (18) to ten (10) and the union dropped the residency issue. This created some bitter feelings between some union members. The union president during the unproductive 1995 negotiations labeled his back pay envelopes as "blood money" and left them in the pay drawer (for a period of time) for everyone to see.

To date, the fact remains that in the history of the St. Bernard Fire Department the only contractual benefit that was ever reduced or lost through negotiations with the city has been the accrual of sick days. In 1986 every member of the fire department accrued fifteen (15) tours per year. Every member of the fire department now accrues only eight (8) tours per year.

As with most organizations some modifications to the health benefits have occurred through the years but most of these resulted from the city going to self-insured. This helped the city and its employees avoid much of the controversy associated with managed care and the changes did not reflect, in this author's opinion, a reduction in coverage. Admittedly some limits were imposed but most city employees considered them reasonable and in many cases being self-insured offered more flexibility than our previous HMO.

This research project is applicable to the *Strategic Management of Change* module in the Executive Fire Officer's Program. In the Change Management Model Phase IV requires the evaluation/modification of previously instituted changes before institutionalism can occur. This is the stated purpose of the project. In the future this project may very possibly serve as the Phase I Analysis portion for a future change.

LITERATURE REVIEW

In 1990 Dr. Michael Markowich conducted a survey for the Chicago based *Commerce Clearing House*. He concluded that company costs due to sick leave use could be identified by a formula in which companies focus on the number of sick hours paid divided by the number of productive hours worked. In this manner he contends that only 2% -3% of the employees are sick leave abusers. (Lucas, 1991)

Some dramatic reconsideration to the definition of sick leave abusers must have occurred between then and 1995. Another survey reported on by Dr. Markowich and S. Eckberg (1996) for the *Commerce Clearing House* in 1995 reported that employees were truly sick only 45% of the time when they used sick leave. Family issues were responsible for 27% of sick leave usage and personal needs contributed to 13% of the use. Surprisingly, only 9% of sick leave use was contributed to the "entitlement mentality" and stress was mentioned as being responsible in 6% of the cases.

Presuming this information to be true, how does one cogitate Burkall's (1985) premise that 10% of the employees use 90% of the sick leave? Could it be that sick leave is "abused" 55% of the time by everybody and hidden in that statistic are 10% of the employees who don't waste a sick day being sick? Are 10% of those who abuse 55% of the time actually becoming sick but on a long-term basis?

Menchen's (1996) analysis of the of a 1996 version of the same survey for the same *Commerce Clearing House* concludes that now sick leave was used for an illness only 28% of the time. The need to deal with personal matters increased as a reason for using sick leave along with a 10% increase in what is referred to as the "entitlement mentality." He notes that university and government employees historically use the greatest number of sick days. That particular group of the

labor force also enjoys the most generous sick leave "entitlements." University and government employees also experienced the highest increase in absenteeism rates in 1996; up 44% and 20% respectively. The obvious implication being the more they get the more they use.

Martinez (1995), editor of HR Magazine, recounts that a recent survey from the Gallup organization shows that a surprisingly 76% of the respondents claim to use sick leave only when they are sick. 7% surveyed admitted to using sick leave when not ill three (3) to five (5) times annually; where another 2% used it over six (6) times a year.

Despite all the research, complicated surveys and the combined resources of some of America's most powerful Fortune 500 companies the real figures still elude us. It is difficult, at best, to reach consensus on a definition of sick leave abuse. Historically, an employer provided salary continuation to employees when they were unable to work because of personal illness as sick leave. Use of sick leave for any other purpose would have been considered abuse. Efforts to control the use of sick leave then generated the need for documentation. One piece of literature makes reference to the employee who becomes a "legend" in the company because of his ability to produce a doctor's note for every illness. A little piece of paper becomes his insurance policy against company discipline (Markowich, 1996).

Does a doctor's note legitimize the use of sick leave? Should sick leave be used for a headache or chronically high blood pressure? Can a doctor authorize the use of sick leave retroactively? Is the legend abusing sick leave or simply good at playing "the game?" The answers to these questions are not obvious. They do, however, emphasize the role of the doctor in considering the whole issue of sick leave and its abuse or justification. Siegel (1995) notes that doctors openly admit that they would give a sick leave note out of fear of losing patients. Sometimes compassion for the patient would play a role

but doctor's also freely admitted doing it to "get rid of him quickly." Other doctors felt that if a note were not issued that they would endanger themselves to litigation. With doctors legitimizing abuse how can an organization identify abusers much less define it?

One trend that can positively be extrapolated from all the surveys is the "entitlement mentality." The attitude towards sick leave has become one of an earned right instead of it being an accrued privilege. Clearly, from a management point of view, sick pay is not an entitlement but a different type of insurance. Many fire departments provide life insurance for their employees for some of the same reasons they provide sick leave. Employees may not be anxious to collect on the life insurance but often will find ways to benefit from the use of sick pay. Changing the mind-set to a use-it-if-necessary attitude is the challenge. (Markowich, 1994)

Another attitude that may seem petty to some people but in reality is an inequity issue that may lead to the "entitlement mentality" can be described as "plagued with good health." This is a case in which one employee, who seldom if ever uses sick leave, begins to feel "cheated" because another employee uses several sick days a year due to, for example, a chronic sinus problem. From the healthy employee's perspective the sinus problem gives the other employee a couple of extra days off every year. Eventually, the healthy employee may begin to rationalize the occasional use of sick leave under the justification that if the chronic sinus employee deserves some time off so do they. (Anfuso, 1995)

In July of 1994 Fire Commissioner of the City of New York, Howard Safir, had an "educational" video produced and played in all the fire houses explaining that if certain mentalities concerning the use of sick leave didn't change then the unlimited sick leave policy would be reinvestigated. It could also be argued that the five-week suspension of a high union official for sick

leave abuse significantly reinforced the union's support for management's concern. This approach worked as witnessed by an immediate 3% reduction of sick leave use. (Murphy, 1994; Murphy et. al., 1994; Safir, 1994)

Murphy (1994) points out that people usually don't originally become firefighters out of idealism but suggests that there is a certain romance about fighting fires. He goes on to suggest that no worker is a shirker that has a good job and perhaps some deeper, unidentified problems exist if sick leave management is an organization-wide problem.

Dutton (1997) adds that people no longer feel the type of loyalty to their employer as maybe was common in the past. She suggests the lost of loyalty is in direct response to a decade of tough business decisions and downsizing by corporate America. The same belt tightening organizational stress could very possibly be extending into the fire service. She introduces a concept of "softer benefits" that are designed around individuals instead of groups of people. She emphasizes employee participation conceived around a win-win relationship that must include employee accountability where expectations are defined and results are measurable. There is much more to creating a healthy work environment than just revamping benefit programs.

Regardless as to where the blame is placed wide spread sick leave abuse is very often a symptom of poor management practices and not of a poorly designed sick leave program. High absenteeism and sick leave use may be a symptom of a sick fire department and not sick firefighters (Leonard, 1994). How many fire chiefs are willing to accept that statement, much less investigate it?

As Robinson (1993) points out the popular approaches to the sick leave issue fall into three basic categories - negative motivation (punishment), positive motivation (reward) and a no-fault or PTO

type programs. All of these approaches deal with individuals on a personal level as opposed to addressing the issues from an organizational level. Perhaps the time has come to address the group as a whole rather than individuals.

Summary

The literature review provided few new insights into exactly how to handle the question of sick leave abuse. One perspicacity, however, is there is no answer to what constitutes sick leave abuse and it depends on one's viewpoint as to whom is the abuser. On the individual level the person using it can seem to justify each use of sick leave. Dealing with the issue at this level could probably "what if" an organization into chaotic oblivion. Attempts to control sick leave use ranged from complete elimination (PTO) to becoming so restrictive that "good" employees end up facing disciplinary action due to policy violations (Bunning, 1988). Neither of these methods have been shown to effectively answer the basic question - Why do otherwise good employees decide not to come to work?

What has become obvious from the literature review is this problem is widespread and costly. It affects virtually every organization to some degree or another. A standard "one size fits all " package is not and probably will never be available because sick leave abuse is an organizational level problem that managers, fire chiefs and politicians have been traditionally trying to solve on the individual abuser's level.

The literature review has reinforced my conviction that the sick leave problem should be analyzed using a systems approach to the organization. From this perspective data is collected on sick leave. This data can be placed in a historical significance to produce information. This information can be converted to knowledge thereby providing the wisdom to successfully remove us from the standard

sick leave paradigm and make a difference. Differences that not only can help reduce or even alleviate a sick leave problem but a difference whose synergistic effects could reach throughout the organization and provide the leverage to favorably affect other areas of an organization's performance.

PROCEDURES

Sick leave data is located in two places. For all the years prior to 1994 attendance data is kept in the Auditor's office on four by six cards along with vacation records. Each card has four years worth of data, two (2) years of each side. (See Figure 1)

1990	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January	H																								KD						
February								S																							
March													KD				S														
April												H																			
May	KD																								V			HB			
June																		KD													
July				H																											
August		V			KD			V			V			V																	
September																															
October												V									S										
November									KD			H											H								
December																									H			KD			
1991	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January	H																														
February											KD						S	H													
March																	S											HB		KD	
April																															
May																		KD								H					
June								S																							
July		V		H	KD																										
August																															
September							S																								
October							KD			S		V																			
November																									KD						
December																	SIF	4hr							H						
NAME	SALLY FIREFIGHTER										RANK					Lieutenant					Date of Hire										

Figure 1.

These cards had to remain with the auditor so the information contained on the cards was transferred to calendars printed up using the Print Shop software available from Hewlett Packard. One year was printed on each 8 1/2 by 11 page for the years from 1985 through 1993. Each employee had

their individual package of calendars relevant to the years in which they were employed. The only information transferred to these calendars was information pertaining to sick leave usage. Kelly day and vacation information was not re-recorded unless sick leave was used immediately before or after the vacation or kelly day as an extension of the time off period. Each time a member took sick leave constituted one occurrence.

The number of hours used per occurrence was also tallied. Fortunately, for the period between 1985 and 1994 most sick leave usage occurred in twenty-four (24) hour increments. Any sick leave amount of less than twenty-four (24) required manually researching the officer's daily logs to acquire the proper time-on and time-off. All information since January 1, 1994 was electronically available.

A database was designed and information was entered using Microsoft Access software. Early in the design phase it was decided to not use one large data base but divide it into smaller databases for run time considerations and flexibility for updating for future uses. It is anticipated that the databases can be kept current during the normal course of business without any additional clerical pressure put on the officers. In this manner work can continue on this project with a no increase in the daily administrative workload. All programming and systems work has been done by the author.

The following information is necessary to track sick leave - personnel's ID number, date of usage, time-on, time-off, date-of-hire, type-of-sick-leave and day-of-week. The rest of the necessary information could be calculated from this information, including the amount of sick leave accrued since date-of-hire. Even the day-of-week could have been automatically inputted but it was decided that this field could be of assistance with tracking I/O errors if manually inputted.

After all the basic data was stored in the tables of the database it is a matter of programming the

various queries necessary to isolate the information needed to begin the study. For instance, Figure 2

(below) reflects the number of sick leave hours used per year, the number of occurrences that produced those hours and an average number of hours off per occurrence. This information is further divided into the two categories of *Regular Sick Leave* and *Sickness in Family* leave.

<u>Sick Leave Report</u>			
<i>Regular Sick Leave</i>			
<u>Year</u>	<u>Hours Used</u>	<u># of Occurrences</u>	<u>Ave. Hrs Off</u>
1985	705.5	30	23.55
1986	1586.35	69	22.9
1987	735.75	32	22.9
1988	876.25	38	23.05
1989	1194.5	51	23.42
1990	1008	44	22.9
1991	1635.75	71	23.03
1992	2043.5	90	22.7
1993	2876	131	21.95
1994	1277.75	60	21.29
1995	2482.25	115	21.58
1996	4472.4	223	20.05
1997	3214.15	174	18.47
TOTAL	24,109.15	1,129	21.35

Sickness in Family

<u>Year</u>	<u>Hours Used</u>	<u># of Occurrences</u>	<u>Ave. Hrs Off</u>
1991	18	2	9
1992	51.5	9	5.72
1993	2.25	1	2.25
1994	206.5	40	5.16
1995	297.15	65	4.57
1996	380.15	69	5.50
1997	418.85	94	4.45
TOTALS	1,374.4	280	4.9

Figure 2

A graph of the *Regular Sick Leave* usage appears as Figure 3 below:

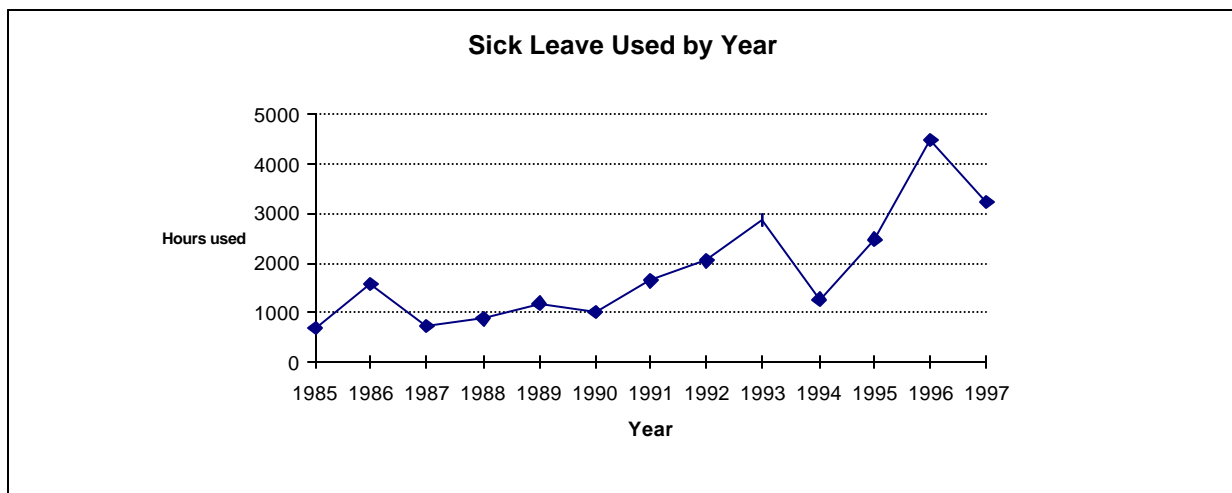


Figure 3.

Even at first glance it is obvious that the use of sick leave has increased over the last decade. At first the increase was gradual then eventually become much more dramatic. Just as dramatically the

usage dropped off in 1994 only to rise to the all time highs experienced in 1996. The challenge is to segregate the data into more detailed information. This is accomplished by the subsequent reduction of the information into smaller time segments in an attempt to isolate and/or associate sick leave usage to a particular event or series of events. Samples of the many reports generated from the database are available in Appendix B.

LIMITATIONS

Since this study is primarily concerned with organizational attitudes and the use of sick leave. It was decided to not include any sick leave data associated with the eventual retirement of any member of the fire department. In other words, if somebody went on sick leave and never returned to work those sick leave hours were not included in the study. It was felt if the situation were that serious and eventual retirement was necessary then the data would not honestly reflect organizational attitudes. For this same reason several situations occurred in which well-documented illness and/or surgical procedures resulted in abnormal sick leave numbers for a particular time period. These hours are not removed from the study but are noted as such and charts are presented showing the data from both aspects for the reader's consideration.

Any sick leave usage associated with a documented work related injury or a death in the family was not included in the study. It could be argued that attitudes might affect a member's willingness to return to work sooner after an injury as opposed to later. This possibility is not ignored but will be discounted since injury with pay is a separate benefit administered in a different manner. Death in the family leave was not included since a penchant for abuse under these circumstances would not be considered an organizational difficulty.

I thought it would be very difficult to get any city administrator to specify what would be an acceptable rate of absenteeism. After examining all the data, a thorough literature review and considering when city administrators took certain actions I unilaterally decided that a 2% rate of absenteeism would be considered acceptable for the purposes of this research paper. The 2% is figured on strictly sick leave usage and is based on nine (9) people working twenty-four (24) hours for thirty (30) days a month. In other words, 129.6 hours of sick leave per month for the entire organization would not be alarming. Any usage above that would necessitate breaking the data down to the individual level to determine acceptability.

Definition of Terms

Time-on - This is the time of day at which a member would begin sick leave or their tour of duty would normally begin.

Time-off – This is the time of day at which a member would return to work or their tour of duty would normally end.

Type-of-sick-leave – For the purpose of this study only two types of sick leave were considered. The first type is regular sick leave (sl). This sick leave is personal in nature for when a member is ill or fully incapacitated and incapable of performing their required duties. The other type is sickness-in-family (sif). This sick leave is contractually limited to ten (10) hours in length and can be used to care for a sick member of the immediate family. In the event of a serious emergency only the fire chief can extend the length of sif (with pay) beyond the ten (10) hours.

RESULTS

In 1985 the sick leave accrual rate was fifteen (15) tours per year. The rate was reduced to twelve (12) tours per year in 1987 and further reduced to eight (8) tours in 1995. In Figure 4 below, the graph represents the sick leave usage for the years 1985 through 1997.

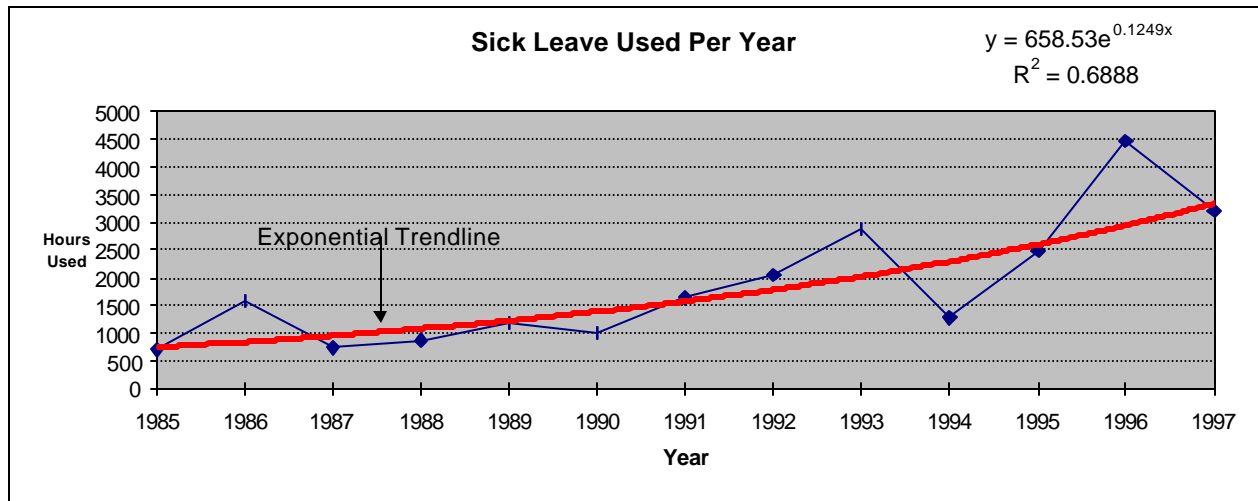


Figure 4.

The first research question asks:

Has the use of sick leave increased during the period in which, because of a reduction in the accrual limits, it was expected to decrease?

It is clearly evident from the chart above that sick leave usage has risen dramatically from a low of **706** hrs in 1985 to the high of **4,472** hours in 1996, a staggering **633%** increase.

The second research question is:

Is it reasonable to suspect that sick leave is being abused?

Subjectively, it would be hard to argue a **633%** increase in sick leave usage as normal without a reasonable suspicion of abuse. However, some objective proof may exist in the form of an exponential trendline as charted in Figure 4 above.

An exponential trendline calculates the least squares fit through points using the equation

$Y = CE^{bx}$ where C and b are constants (658.53 and 0.1249 respectively) and e is the base of the natural

logarithm. If one is willing to concede that it is “reasonable” to expect sick leave usage to increase

exponentially then this chart conceivably can be acknowledged as an accurate prediction to “normal”

sick leave usage. In fact, it does very well except for the years 1986, 1992, 1993, 1994 and 1996.

Something must have happened organizationally for sick leave to increase even more than the “expected

exponential” increase in the years 1986, 1992, 1993 and 1996. Curiously, 71% of the sick leave used

in 1993 occurred in the first four months of the year. See Figure 5.

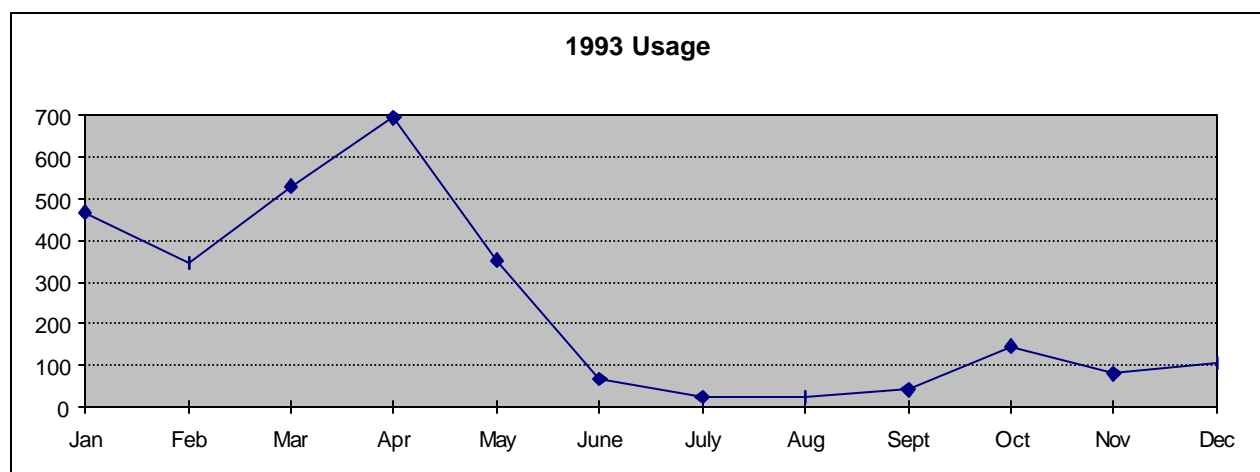


Figure 5

It was actually in June of 1993 when the unexpected drop reflected in the 1994 level really began as sick leave usage decreased below the expected exponentially increasing level.

Are such dramatic fluctuations in the sick leave usage a function of genuinely sick personnel or is it indicative of a sick organization? Regardless of the answer it is difficult to be convinced that every member is ill. They might arguably be sick, but very serious doubt probably exists to their inability to perform their duty due to an incapacitating illness or injury. I think it is reasonable to suspect abuse.

The third research question is:

If it is reasonable to suspect sick leave abuse, is there an explanation for the abuse?

Murphy (1994) characterizes firefighters as a special type of individual. His suggestion that people desirous such a noble, rewarding job would not shirk their responsibilities without the presence of a much deeper, organizational-wide enigma. The concept that sick leave abuse is just a symptom and not the disease obligates us to step out of the box and reevaluate the sick leave issue at a different level. It compels us to take it out of the realm of personalities and focus on the organization.

Firefighting organizations are an example in which the sum of the pieces is truly greater than the whole.

For the sake of the skeptics, though, it may be necessary to eliminate the reasons commonly attributed to individuals for sick leave abuse. In doing so it will validate the organizational approach to sick leave abuse. Robinson (1993) investigates certain situations in which his research displays circumstances associated with sick leave abuse on the individual level. One case is the person or who has a preference for getting sick on a particular day of the week.

Figure 6 (on the next page) indicates no such propensity for one particular day of the week to another to be sick. What it does show is fewer people get sick on Sunday than any other day. Perhaps that is reconciled by the fact that no duties are scheduled for Sundays and only duties created by emergencies are performed. More accurately stated one can watch football and keep up with the fantasy league relatively undisturbed.

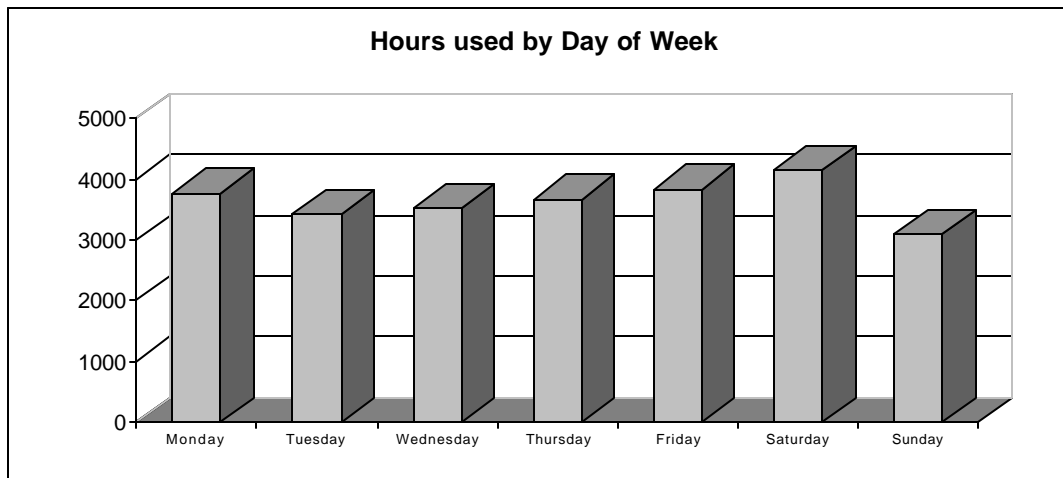


Figure 6

Robinson (1993) also associated sick days with vacation or kelly days as a manner by which to extend time off. This also is not considered a serious organizational problem for the St. Bernard Fire Department either. Only fifty-two (52) occurrences of this took place in the study period accounting for 4% of the total sick leave used. The *mean* value was **1.5 days** per member; the *mode* and *median* value was **1 day** for the twelve-year period. However, it is evidently a popular concept for four (4) particular individuals in the organization. Employees number 6, 7, 22 and 33 were responsible for 22 of the 52 occurrences accounting for **42%** of the total usage. This, I think, is clearly an indication of abuse on an individual level and should be controlled as such. The entire organization shouldn't suffer from the actions of a few.

One final benchmark used to catalog individual sick leave abusers, as seemingly often cited by ARP researchers, is Burkell's (1985) notion that 10% of the workforce is responsible for 90% of the absenteeism. In the study of the St. Bernard Fire Department, however, such was not the case. It took 61% of the workforce to account for 90% of the absenteeism over the study period

Even the previously identified vacation extenders, representing 11% of the workforce, were responsible for only 30% of the sick leave absenteeism. This may, in some people's view, indicate problems on an individual level. That may certainly be the case but no organization is without their "problem child(ren)". Certainly the possibility exists that the organizational problems antagonized the individual ones and correcting the organizational problems may minimize the individual ones.

Having established that the abuse of sick leave in this case is not, for the most part, a product of two or three members of the organization on a personal level, it is possible to address research question three *"If it is reasonable to suspect sick leave abuse is there an explanation for the abuse?"* from an organizational level. To begin the analysis for an explanation it is necessary to understand when organizational abuse is occurring and what the organization is experiencing at the time. See Figure 7.

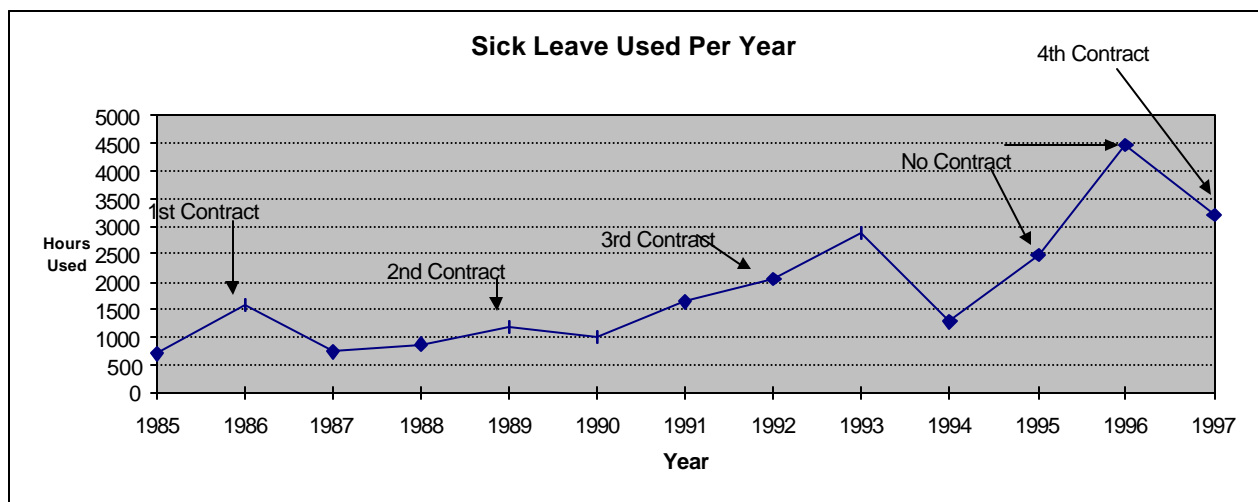


Figure 7

Initially, it seems very likely that a relationship between contract negotiations and an increase in sick leave usage exists. The first ever-negotiated contract was signed on March 6, 1986. The first ever reduction of benefits was part of this original package when sick leave accrual was reduced from 15

tours per year to 12 tours per year. At the time, though, it seemed like a small price to pay to avoid the two-tier benefit system to which the other city employees eventually agreed. From these negotiations the union also filed an Unfair Labor Practice against the city for failing to negotiate residency. The union, at that time, was resigned to using it only as a “bargaining chip” and did not really intend to pursue the right to move out of town.

Sick leave seemed to increase in 1986 as expected but a closer examination found it increased for different than expected reasons. An analysis of the monthly data showed that the increase usage in 1986 occurred in April, May, June and July. Sick leave usage for the rest of the year was well within the acceptable 2% absenteeism level (See Figure 8). Further investigation

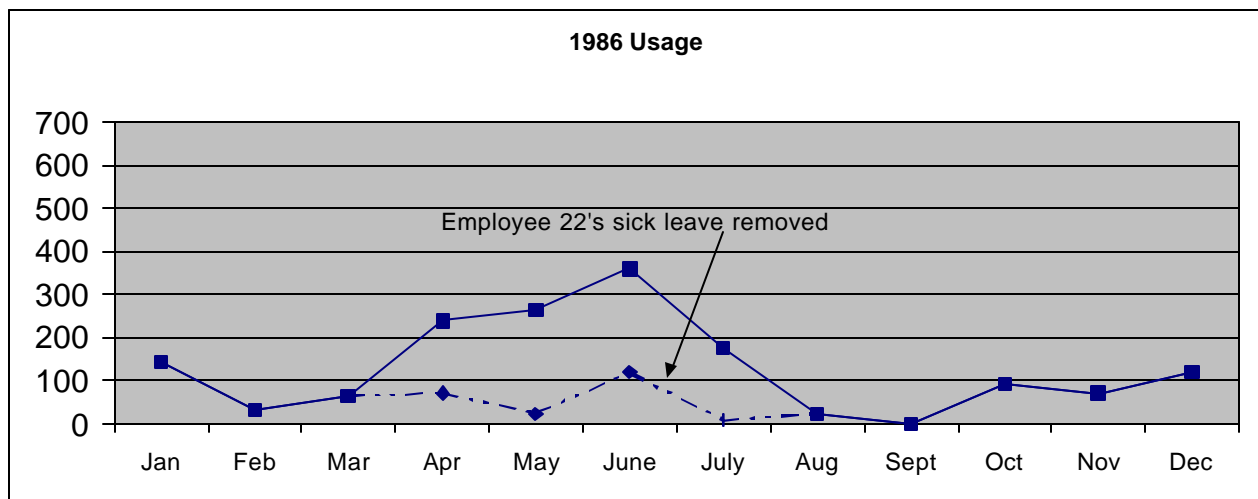


Figure 8.

into those months revealed that employee #22 (one of the now opprobrious four) used 840 hours of sick leave which amounted to 53% of the total usage for the year. Remove employee 22's sick leave from these totals and the conclusion is 1986 did not reflect sick leave abuse from an organizational level. See Figure 9 on the next page.

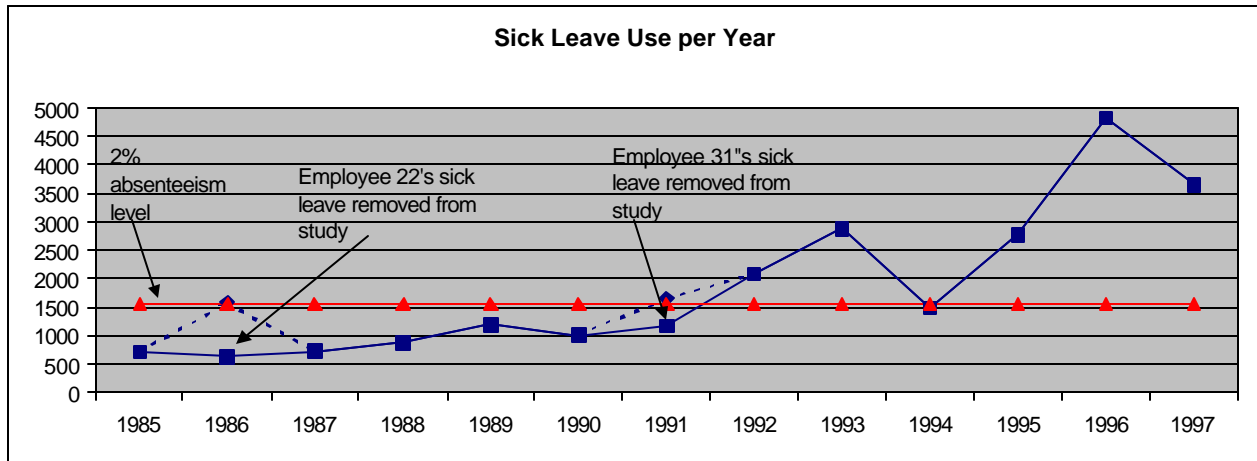


Figure 9

The next period in which sick leave usage occurs above the 2% level of 1576 hours per annum is in the years of 1991 – 1993. A situation similar to 1986 also occurs in 1991. During the months of August, September and October one person is responsible for 489 hours of sick

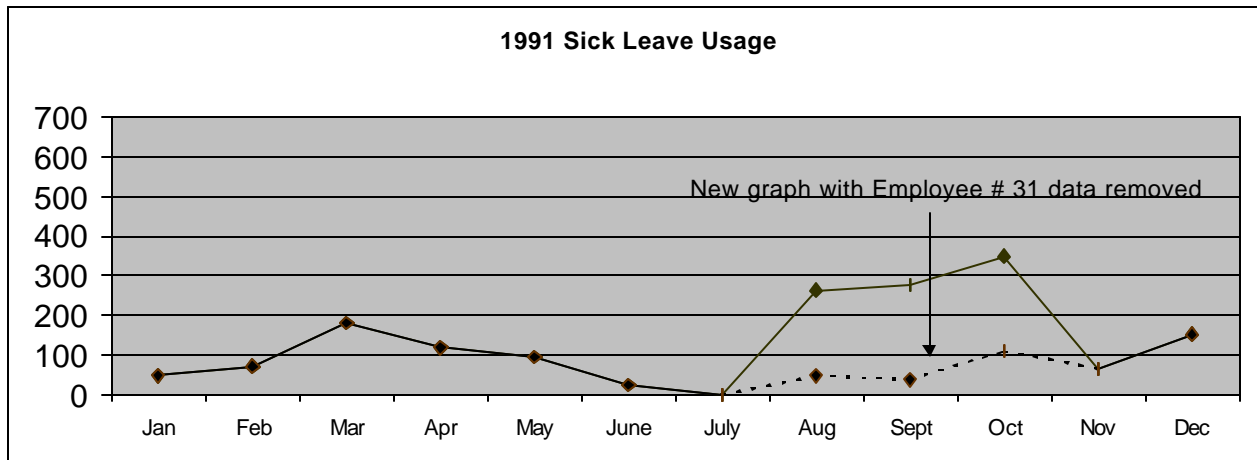
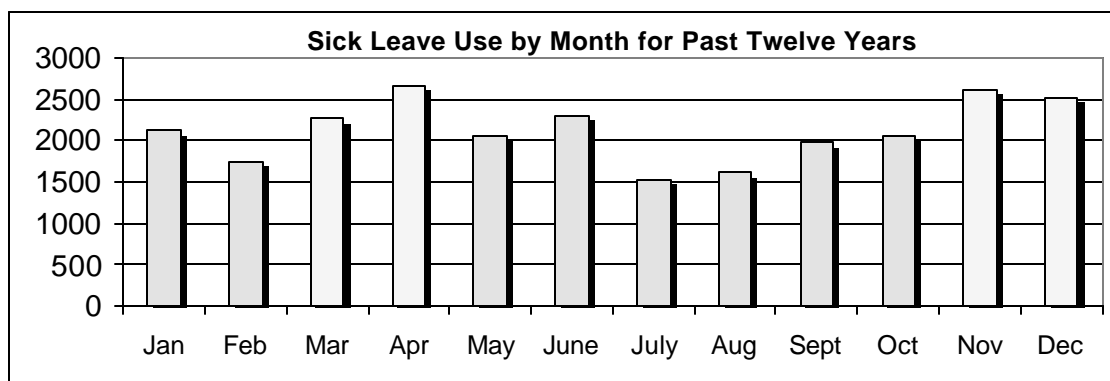


Figure 10

leave or almost 30% of the entire year's usage. Remove employee 31's sick leave usage from the year in order to prevent one person from affecting the organizational aspect and more typical graphs

appears in Figures 9 and 10 above.

For the period of 1985 through 1991 and most of 1994 the levels of sick leave usage are considered acceptable and not indicative of any serious organizational troubles. Any sick leave usage increases are easily isolated and addressable. In 1991, however, for the first time two months in the same year show an inexplicable increase in sick leave usage on an organizational level. March and December numbers increase to levels above the 129 hours per month - the 2% absenteeism level. In March six (6) different people used one tour of sick leave each. In December seven (7) different people used one tour. In and by itself these numbers would not be too alarming since March, April,



November and December are the traditionally high usage

Figure 11.

months. (Figure 11 above)

During 1991, though, the city is very quietly and diligently defending its position on residency in the courts. In May of 1991 the court of appeals ruled that the city must bargain with the union on residency. In October of 1991 the Ohio Supreme Court refused to hear the case leaving the Appellate order final. In the meantime new contract negotiations began in the fall of 1991. During these

negotiations the city steadfastly refused to negotiate residency. By the time the court decisions were made public negotiations were already well under way and into the fact-finding stage. It was mutually agreed upon to not address residency during these negotiations. The union had already waited over six years and when the issue did come to the table they wanted to be prepared.

During 1991 tension was building within the fire department for several reasons. First, some of its members wanted to negotiate residency immediately. Secondly, the chairman of the finance committee was sitting in on the negotiation sessions. He was characterized by the city as simply an observer but now the city not only had their lawyer doing the negotiating but also had “one of their own” witnessing the sessions. This was perceived as a threat to the union because it violated the city’s basic premise for using an attorney in the first place. Originally, council had indicated they wanted to keep politics out of the labor relation’s process. The previous manner in which “negotiations” were held often became quite personal between the union and members of council.

An attorney was supposed to keep negotiations business-like and professional. Often the union became uneasy due to the city’s vast resources and frequently resented the attorney’s blasé attitude and poignant remarks. Now they (council) had a member present that the union was sure would go back to council and report on everything said and by whom. Additionally, as chairman of the finance committee, he had a long history of being financially conservative. There was a serious question in some members’ minds as with whom the union was really dealing. Thirdly, there was talk about the city going to self-insurance for health benefits. This was not necessarily a problem for the union because they suggested the city investigate the possibility back in 1986. For some reason however, the issue never reached the table and doubt existed for the union as to exactly what were the city’s intentions.

The contract was signed on April 6, 1992 but unfortunately the shadow of distrust had crept into the organization. Sick leave usage was gradually increasing and eventually peaked in March. Levels fell in April in response to the signing of the contract but in the months ahead the absenteeism rate leveled off above the 2% rate. Even the typically low usage months of July and August were above normal. See Figure 12 below

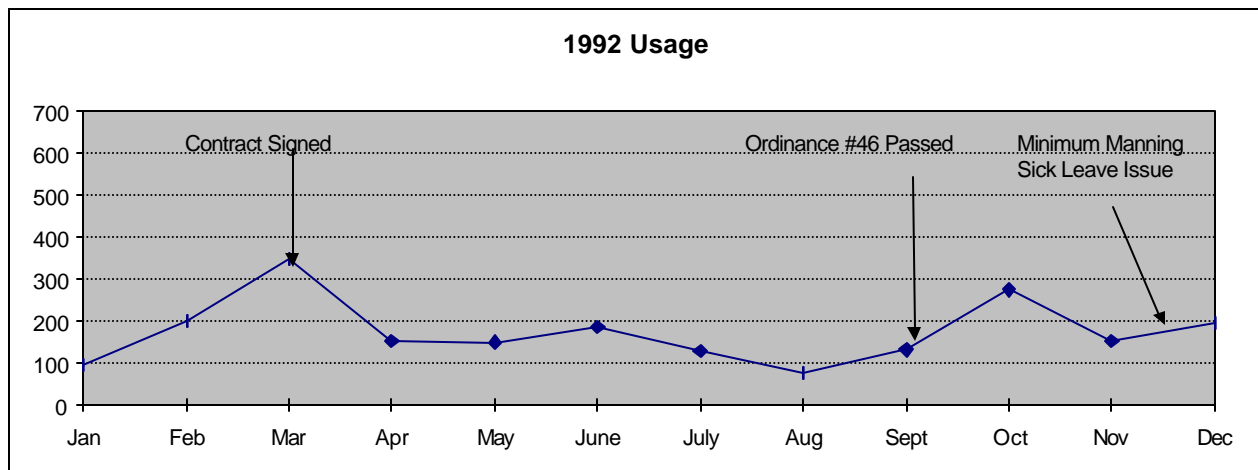


Figure 12

On September 3, 1992 city council passed Ordinance #46 requiring that “All persons holding positions of employment in the City’s Civil Service, shall reside within the city and residency within the city shall be a qualification for appointment and continuing employment. Any employee who fails to maintain city residency shall automatically forfeit their employment.” Not surprisingly the organization responded by immediately becoming sick. The level increased in October but fell somewhat in November. Then on December 16, 1992, in response to the increased levels of sick leave usage, the Safety Director issued the following policy statement.

Effective January 1, 1993, Council has instructed me to curtail overtime in the St. Bernard Fire Department. So six men on duty will be considered minimum manning. Personel (sic) will be only allowed to attend schools considered necessary

for training purposes.

This policy was a linear response to an organizational problem. Overtime wasn't the real issue.

The real issue was the manipulation of sick leave, not on a personal level but on an organizational level, to make a statement. Sick leave was not used to purposely create circumstances that resulted in overtime expenditures. It was not for personal gain because one seldom knew who, if anybody, was going to benefit from the overtime. It was done simply to cost the city. It was not motivated by greed but by revenge. On that premise the Safety Director's policy was doomed to failure.

Discontent also manifested itself in the form of an editorial take-off of Letterman's Top Ten List. The parody was actually authored as a group during a morning coffee break and covered such topics as the "Top 10 Police Dept Cutbacks" and the "Top 10 Things about Being J.H." and finally "The Top 10 things about Being L.W." Anybody who's been around a firehouse knows how these things seem to happen. This time, however, the editorializing was put on paper. On-duty personnel typed up the lists and mysteriously the lists were copied and eventually found their way into the city's internal mail system. Consequently, when the subjects of the satirical magnum opus became aware of the contents of the literary rapscallion some difficulties soon began.

Many things were transpiring simultaneously within the organization. The union's safety committee was embroiled in meetings with the safety director over the minimum manning policy. Three members (four, counting the chief) were disciplined over the "Top 10 List" fiasco. It eventually became known that it was the fire chief who was responsible for the distribution of the list and he was originally, shall we say, less than truthful about his involvement. As a matter of fact, he was solely responsible for it ever leaving the firehouse. Sick leave usage was now at an all time high. See Figure 13 below.

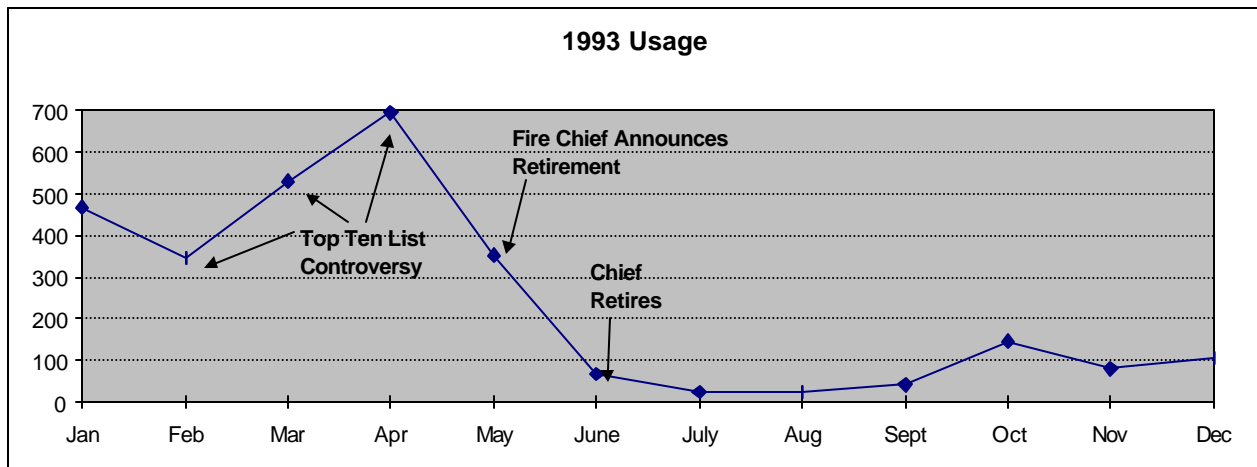


Figure 13

After the fire chief retired and the acting chief bought everybody new uniform T-shirts things settled down for awhile. With the exception of February 1994 (200 hrs used by a member retiring soon) sick leave usage remained within the acceptable 2% range until the negotiations for 1995 began.

In hindsight, these negotiations were doomed from the onset. Residency was no longer a “bargaining chip” to get an extra holiday or some other perk from the union’s perspective. Over half the members involved in the original 1985 negotiations had retired. The “youngsters” in 1985 now had seniority and a different opinion on residency. The union was now in the residency struggle to win, not just to bargain it away.

For the first time an attorney represented the union during negotiating sessions. The union was willing to make a serious financial investment as to the eventual outcome. The city had already resisted every attempt to bargain the residency issue for the last ten years. They had gone to the Ohio Supreme Court once and were not about to change their attitude now. Both sides were lined up for a long drawn out affair predisposed to the knowledge that the matter would end up in conciliation. It was destined to be a classic lose-lose model of labor relations, everybody knew it and nobody would be disappointed.

The negotiations started in November 1994. At first things went more or less better than expected. Since two attorneys were involved it was twice as difficult to schedule sessions. This problem was anticipated and mutually agreeable extensions were made. These extensions actually served as an effective “cooling off” period and sick leave usage dropped from January 1995 through April 1995. The reconciliation eventually disintegrated and a conciliator was assigned on August 8, 1995 with the hearing held on September 25, 1995 and his report released on December 29, 1995. Sick leave increased through May and June. It did its typical drop in July and August but well above the 2% benchmark. It finally peaked in September, the month of the hearing. See Figure 14.

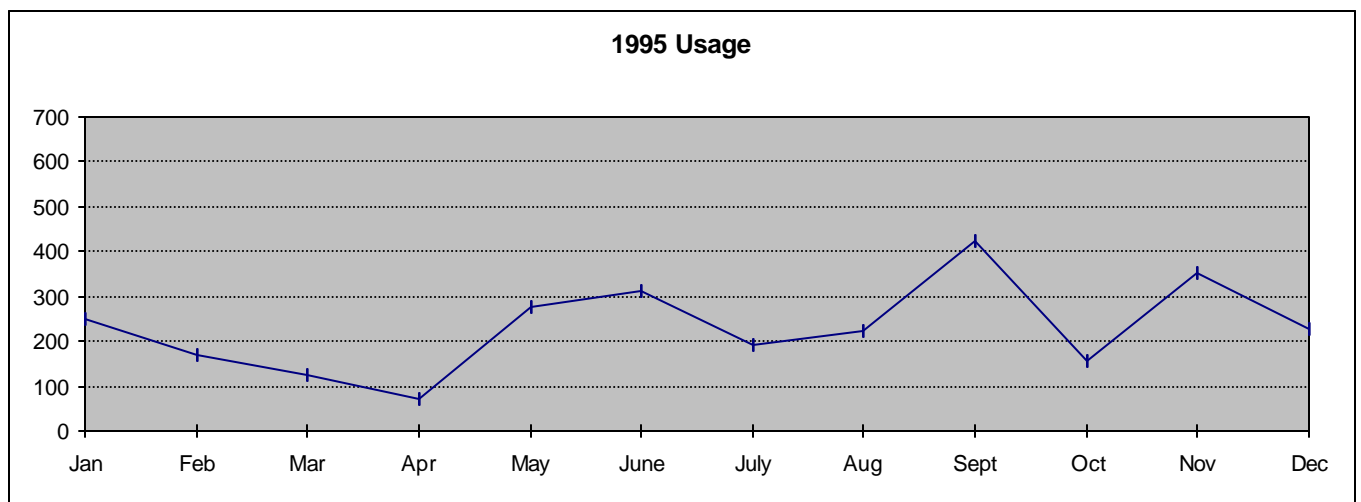


Figure 14

The union was awarded residency and their raise request from the conciliator (they asked for a lower raise than the city was offering). The union’s “victory” was superficial to say the least.. The city appealed the conciliator’s authority to rule on the residency issue to the courts. They would neither sign a contract nor honor anything concerning residency until the appeal was settled. The city did honor all other terms and conditions of employment as either previously agreed or awarded by the conciliator.

Essentially the union had gained nothing. They had lost more sick leave when accrual was reduced from twelve (12) tours per year to eight (8) tours. They received no salary increase in 1995 and only a 3.75% in 1996. All other city employees (already bound by Ordinance #46) received raises over both years. Union leadership also changed in January of 1996. The new officers had a little different perspective on the residency issue and negotiations were scheduled to begin in late 1996. The fire organization was in a shambles and their resentment of the city is reflected in the sick leave use for 1996. See Figure 15.

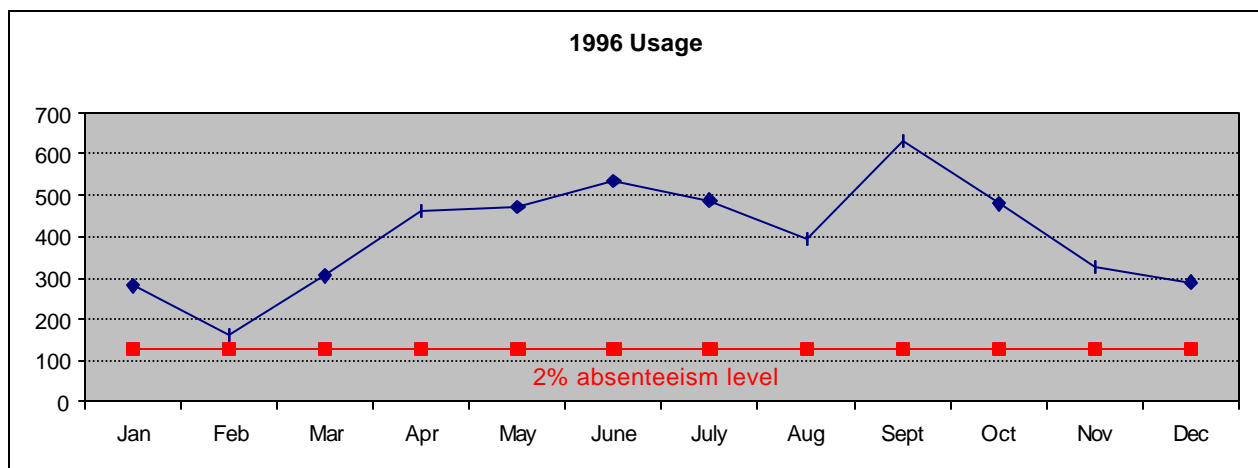


Figure 15

1996 was a long year. One positive aspect was the increase in communication between union leadership and the fire and city administrations. Some problems were recognized and a rapport developed that would lend itself to a new experience when it came time for the next negotiations.

The city let it be known that it was willing to retroactively restore the firefighter's lost salary increases if they were willing to remain residents. In some cases this amounted to several thousand dollars. The city also gambled that there were more firefighters who were willing to remain residents than those who were eager to move in 1996. The city's intentions were becoming increasingly clear and

it became a divisive issue among the union membership with bitterness and hard feelings becoming more common.

Informal meetings between the mayor and a new wage committee produced a wage package that was believed to be acceptable to the union's majority. The issue was finalized when the union accepted the city's offer in a vote of 18 to 10. The current contract was signed on February 4, 1997. The majority eventually ruled but it will be a long time before the wounds will heal. Eventually, sick leave usage flattens out in 1997 but well above the 2% acceptable level. If the usage patterns were analyzed on an individual basis it is likely that around 10 people are responsible for the excessive sick leave usage. See Figure 16.

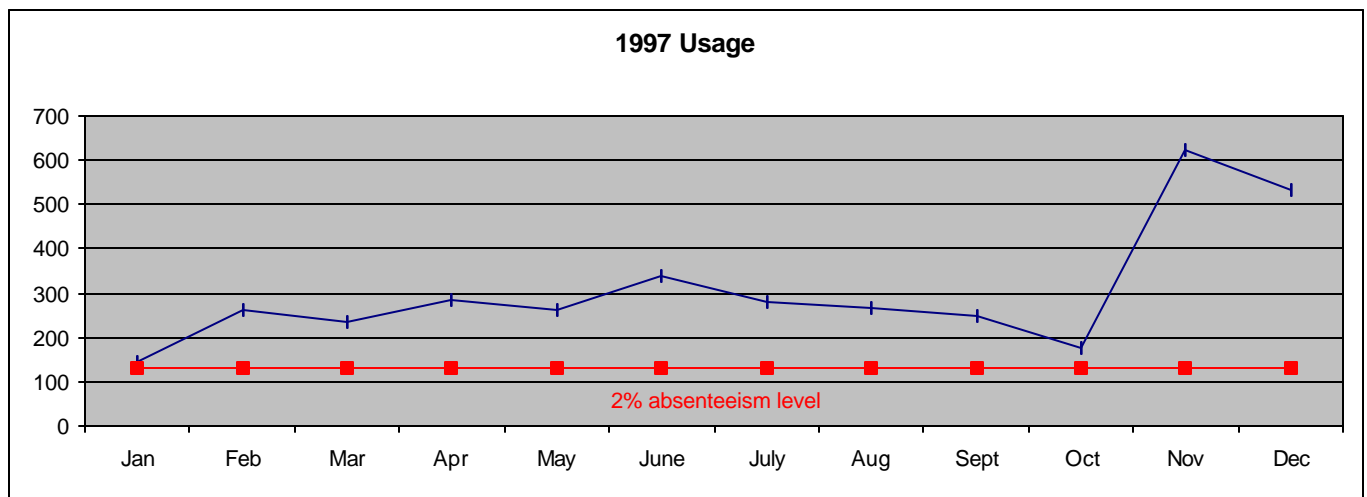


Figure 16

To answer research question three - *If it is reasonable to suspect sick leave abuse, is there an explanation for the abuse?* - the evidence clearly indicates that the highest levels of sick leave usage can be attributed to the periods in time where the greatest amount of animosity and tension exists between city administrators and members of the union. The abuse seems to be used subsequently used

as an instrument of revenge and/or as an expression of anger, resentment and exasperation.

DISCUSSION

The literature review suggests that there is a growing trend in today's society to avoid addressing the sick leave issue by eliminating it. Sick leave is then replaced with PTO Banks. (Martinez, 1995) Human resource people rave about giving their people the freedom to choose when to take off and the benefits of greater flexibility. How they can go and play golf with a clean conscience, take care of personal and family issues as they happen and on and on and on (Armour, 1997). It is estimated that up to 17% of America's companies and businesses have already taken this approach with an additional 13% seriously considering it (Flynn, 1994)

In reality, employers are simply searching for ways to relieve themselves of the responsibility of looking out for the health and well being of their employees. Of the companies using PTO banks less than half of them realized a reduction in unscheduled absences. 2% of the companies actually saw an increase in the unscheduled absences with another 14% claiming it as ineffective (Armour, 1997). Apparently PTO Banks are not addressing the real issue. Perhaps these companies are only masking the symptoms of a sick organization and not treating the disease. One thing is for certain, it will take more than just increased flexibility for employees to cure a sick organization.

The City of Cincinnati recently published some statistics on sick leave. It seems their average use rate (hours used/hours accrued) for 1995 was 53% and it increased to 58% in 1996. In St. Bernard, a suburb of Cincinnati, the sick use rate was 45% and 83% respectively. The figures were pretty close in 1995 but the 1996 percentage dramatically reflects the residency issue in St. Bernard. Cincinnati's average sick leave use increased from 7.01 days in 1995 to 7.67 days in 1996; St.

Bernard's figures were 3.67 days in 1995 and 6.64 in 1996. Finally in Cincinnati 40% of the workforce used 3 days or less of sick leave in 1996 in St. Bernard it was 39%. As a group, union hourly employees in Cincinnati were using 71% of their sick leave as compared to St. Bernard's 83% (Goldberg, 1997). St. Bernard has just taken a giant step in catching up with her big sister and her big city problems. It was done in just one year. This demonstrates the urgency associated with bringing the organization back to normalcy.

The evidence clearly shows that as an organization the temperament of the St. Bernard Fire Department is reflected in its sick leave use patterns. Prior to 1992 organizational use of sick leave was well within the 2% absenteeism rate annually. Any fluctuations, due to temporary periods of employee agitation, quickly subsided with an eventual return to normalcy. During the time period between 1992 and 1997 the organization went from a small increase of usage in 1992 to record usage in 1996. See Figure 17 on the next page.

During that same period organizational unrest was at its maximum primarily due to a labor issue known as residency and the city's steadfast refusal to move from its position of total compliance. After the union had finessed the system, successfully postured against every city argument and eventually convinced a conciliator to award them the opportunity to move out of town, they had nothing but a bad case of the "residency flu."

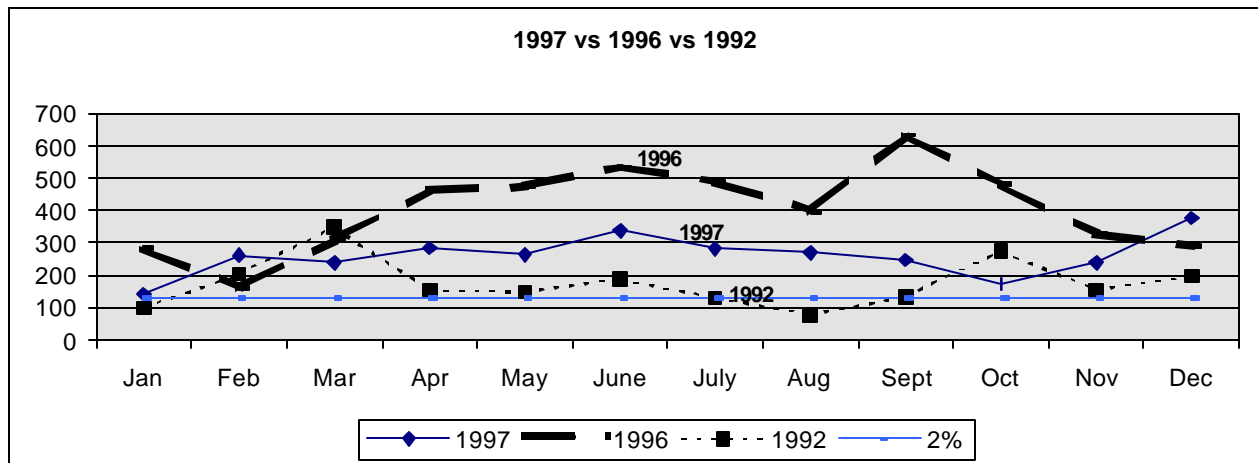


Figure 17

The 1997 labor agreement served to delineate the two factions of the issue that existed within the organization. Some members, unwilling to be “bought off,” continue to mirror the 1996 attitudes of the organization, while the others are looking for a return to normal. As is usually the case, not everybody is happy. The 1997 sick leave patterns indicate this as usage declines but still above the acceptable level.

Clearly the organization is rambling in the aftershock of two very controversial negotiating cycles. The city administrators must realize that they too must bear their fair share of the responsibility for the organizational troubles. It was, after all, through the city’s stubborn refusal to negotiate residency and “resist it to the end” philosophy that contributed to the present organizational condition manifesting itself in the form of excessive sick leave usage.

Supporters of removing the residency requirements, on the other hand, cannot sanctify their attitudes by claims that the city victimized them while utilizing their superior resources by leaving the negotiation’s arena and going to court. The city’s position was brutally clear from the beginning. They would resist any attempt to remove the residency requirement from terms and conditions of employment

using whatever means were necessary. The majority of the organization (65%) eventually decided that the money was more important to them than where they lived. They have made their preference known - let the majority rule.

RECOMMENDATIONS

City administrators must now be very careful to not overreact to the sick leave usage patterns. The study's data demonstrates that the organization is on its way to healing. Sick leave declined in 1997 and will in all likelihood continue to decline in 1998. Any linear type decisions similar to the reduction of minimum manning in 1992 will only exacerbate the situation and attenuate the healing cycle.

The fire administration is in a position to facilitate the process by the tactful use of disciplinary measures solely to prevent the "they're getting away with it, so can I" attitude. To challenge the organization's reaction at this time is to invite continued turmoil.

Along those lines it might be a good idea to revisit the minimum manning issue from a different perspective at this time. The Safety Director could designate the fire chief as the administrator of replacing sick personnel. Perhaps it could be done for a trial period of six months or a year. Levels of inappropriate absenteeism could be clearly explained and identified. The fire chief could then readdress the issue of abuse on the individual level and ease the apprehension associated with the notion of city hall running the fire department.

Careful documentation of sick leave usage must be maintained and any deviation from a downward trend in usage must be carefully investigated. Particular attention must be given to the time

before the next scheduled negotiations near the end of 1999. If upcoming negotiations are to always result in increased sick leave usage then the whole issue of negotiations and how they are handled may need attention.

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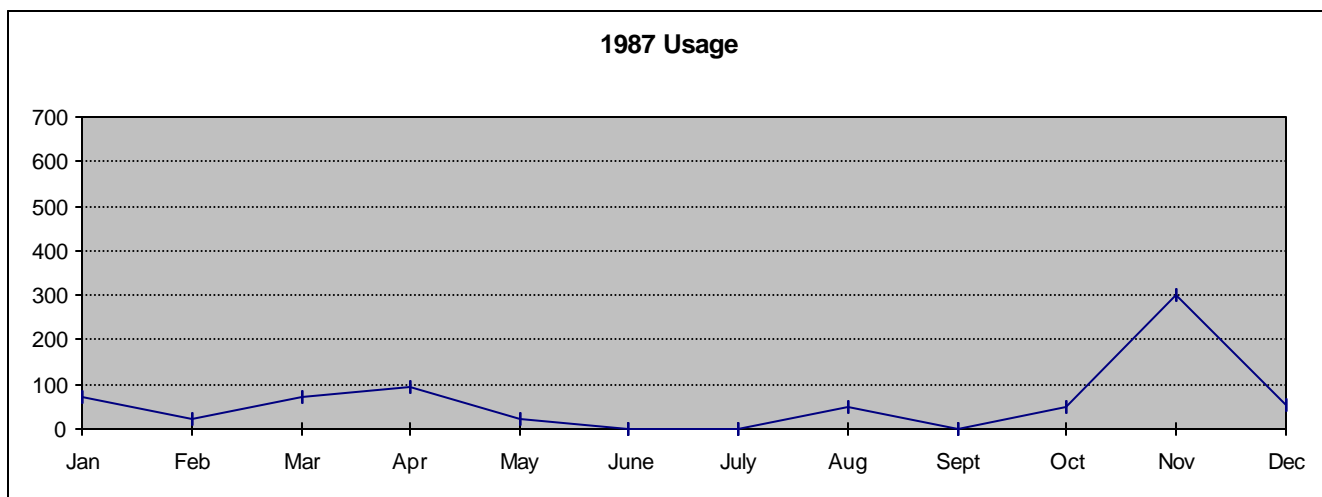
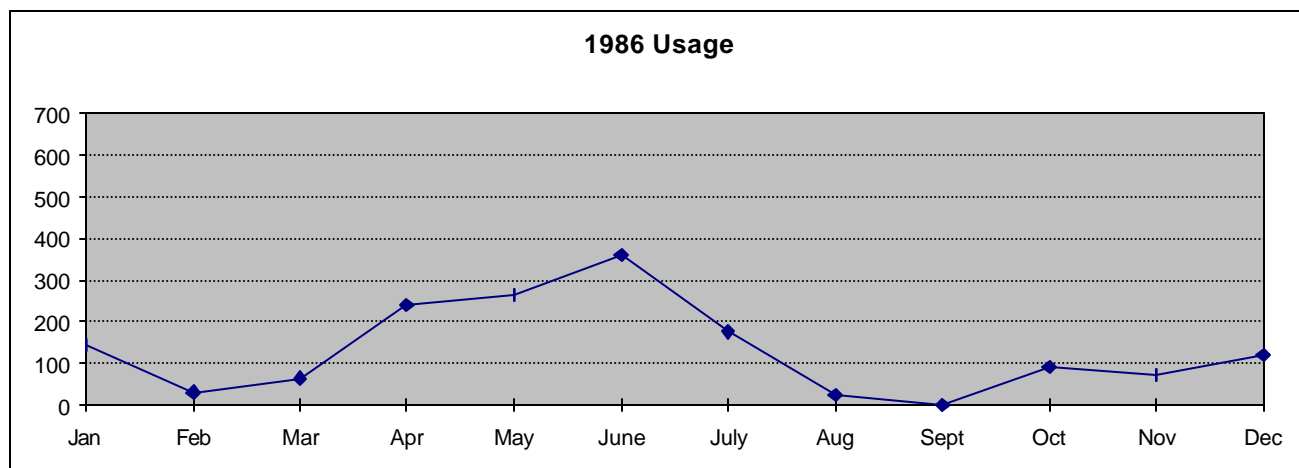
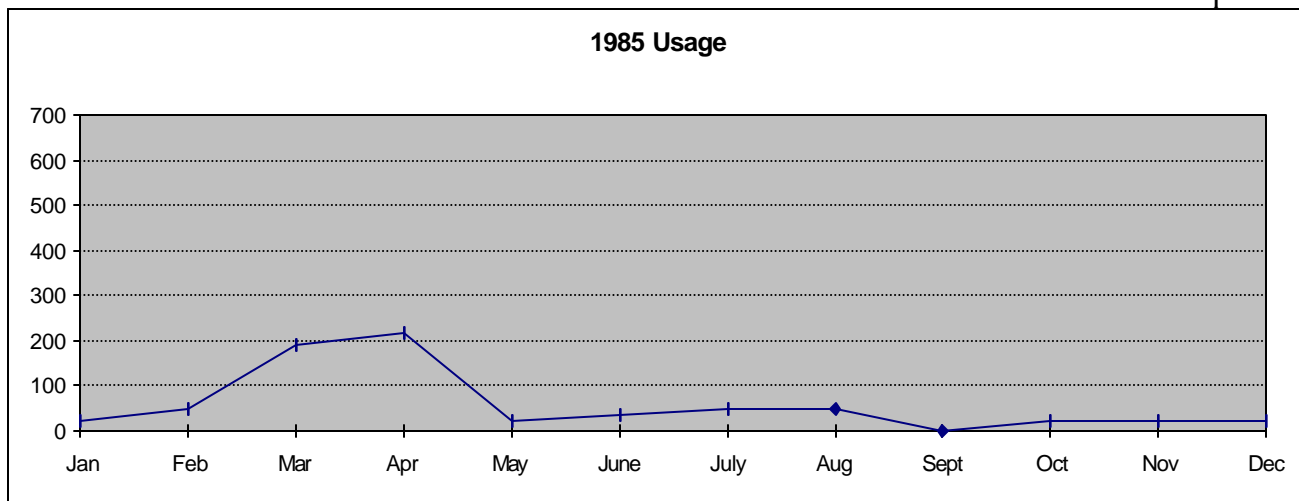
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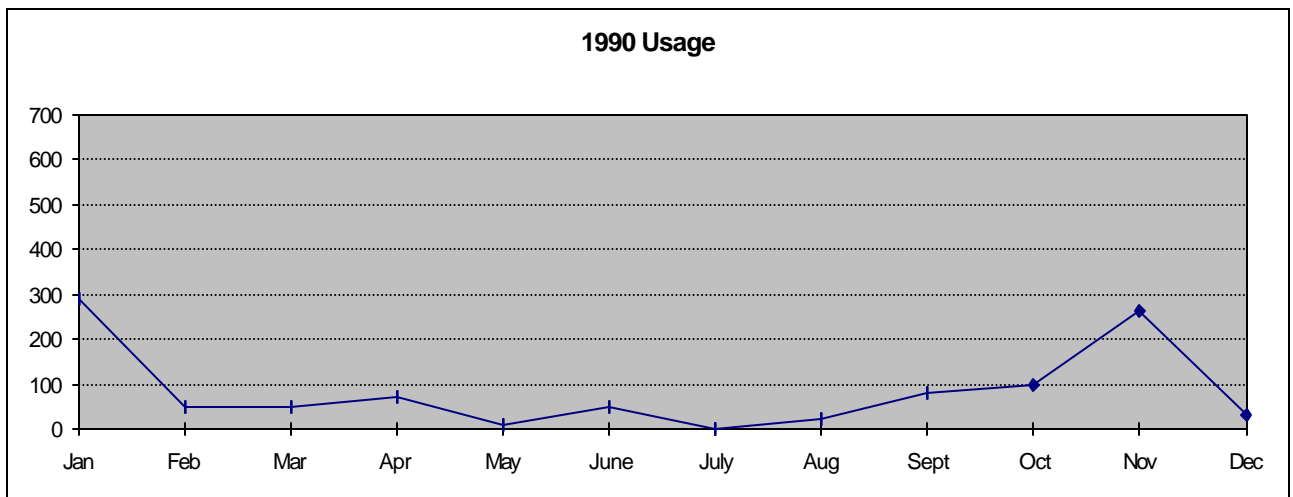
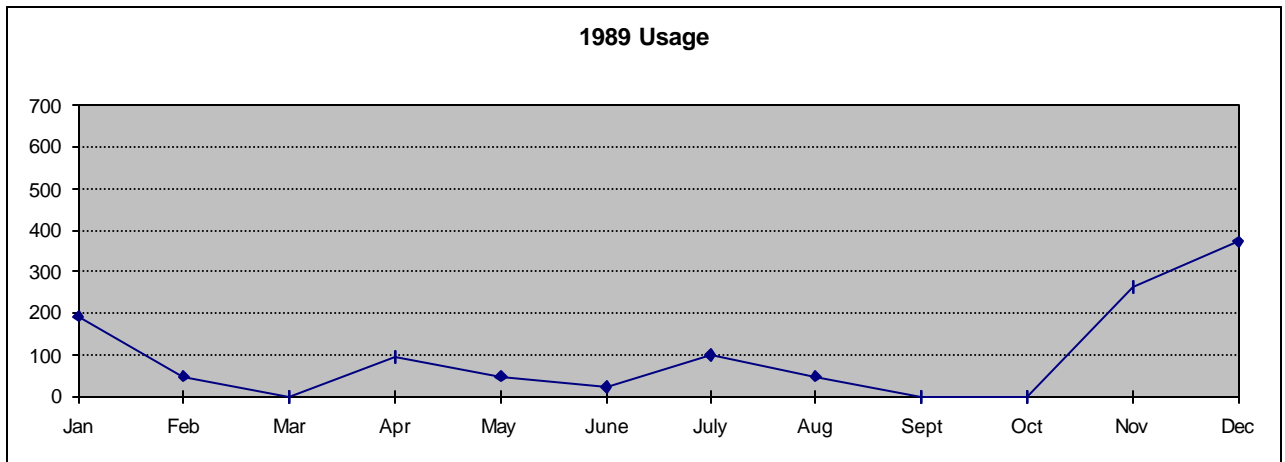
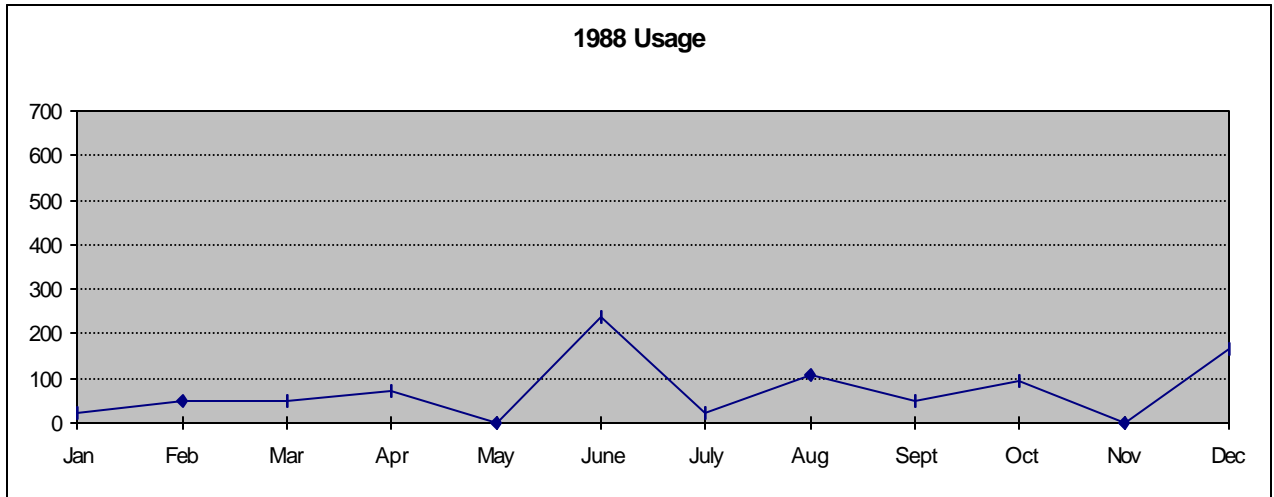
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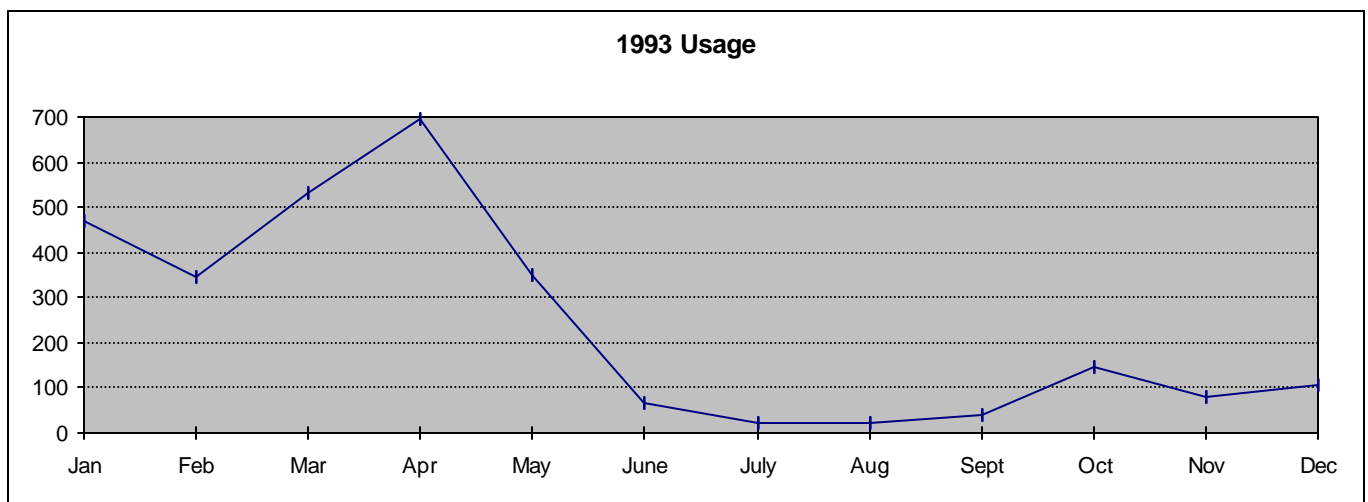
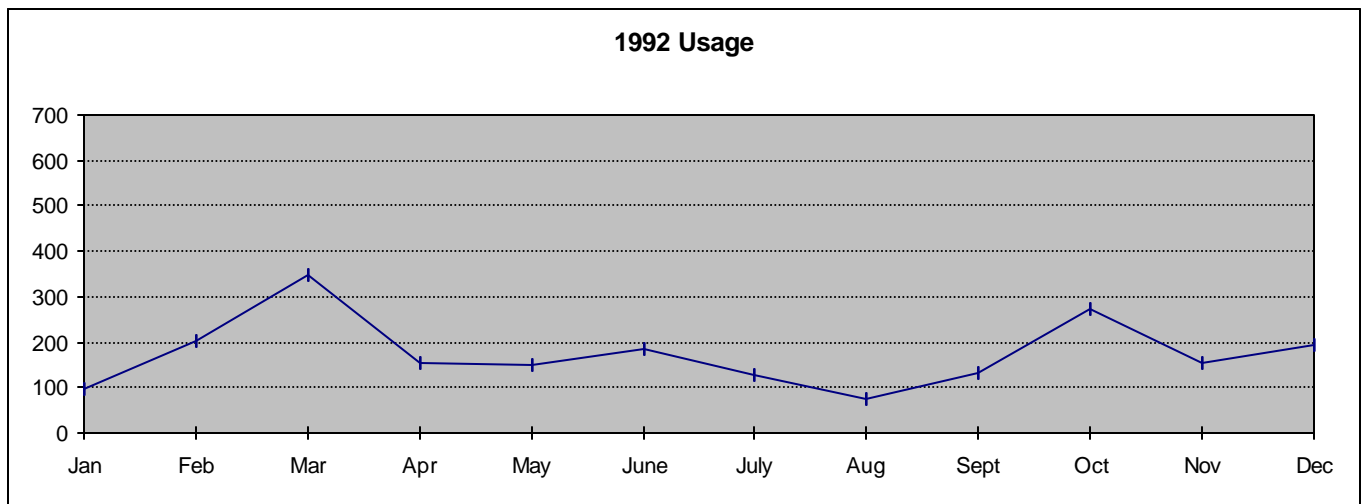
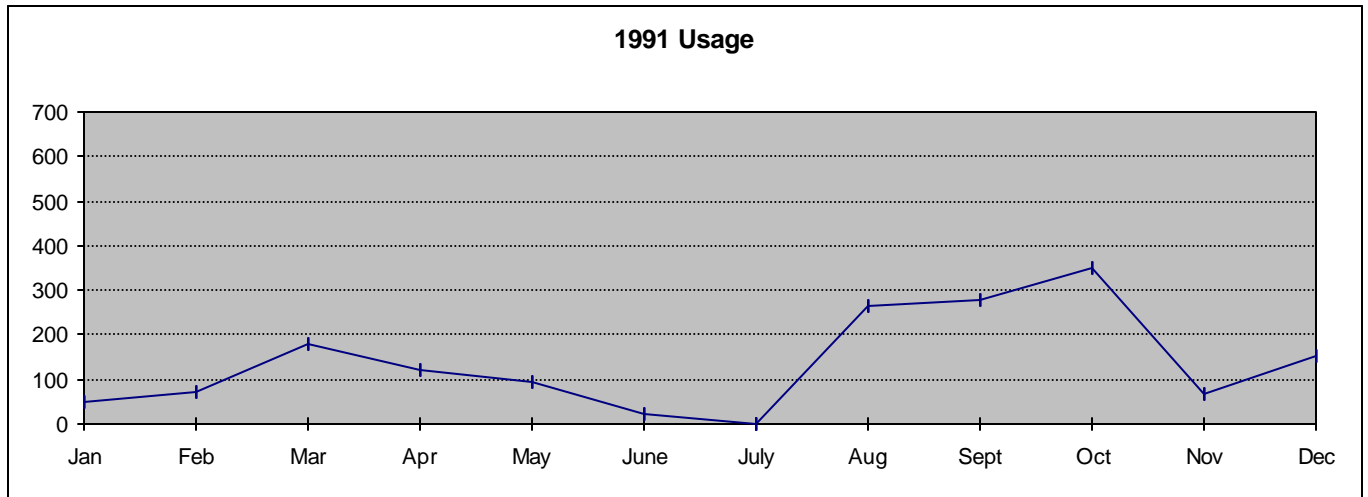
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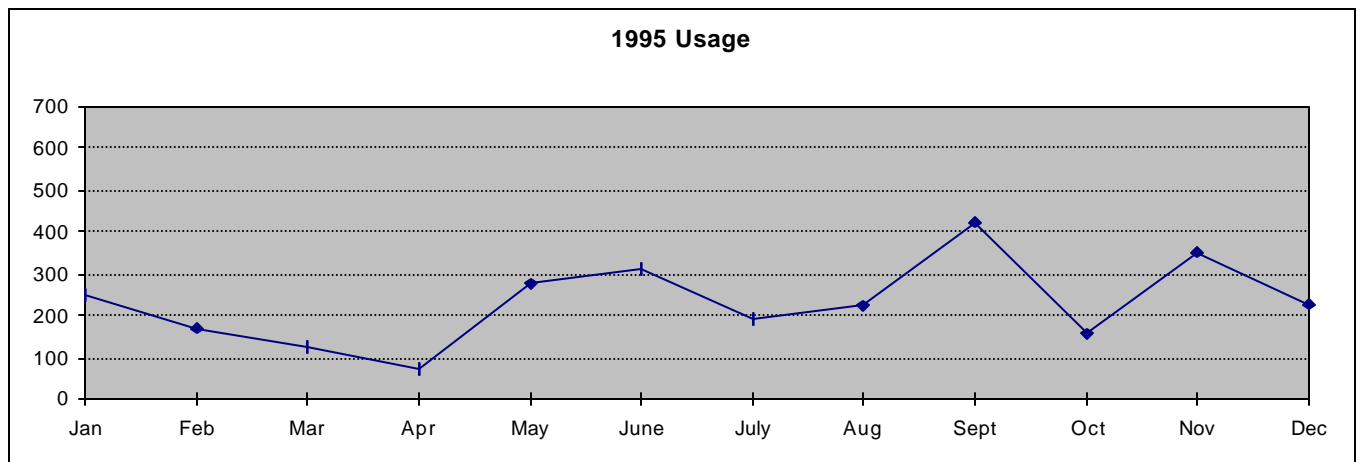
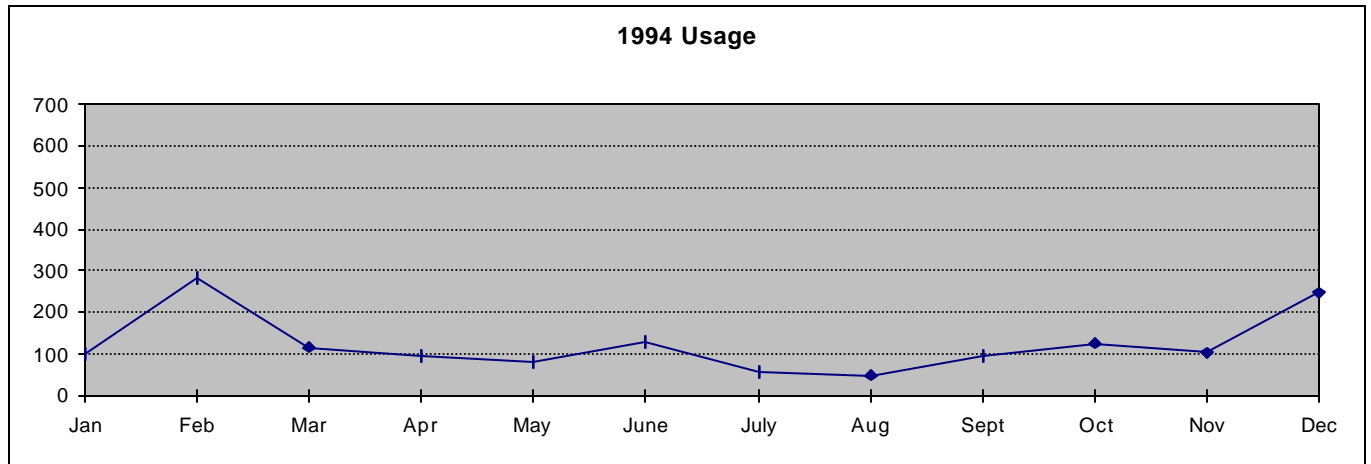
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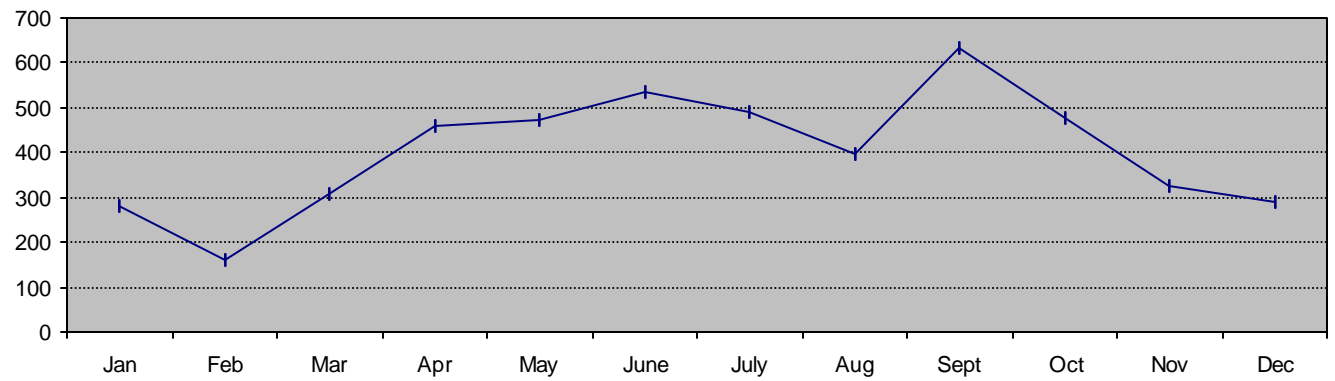
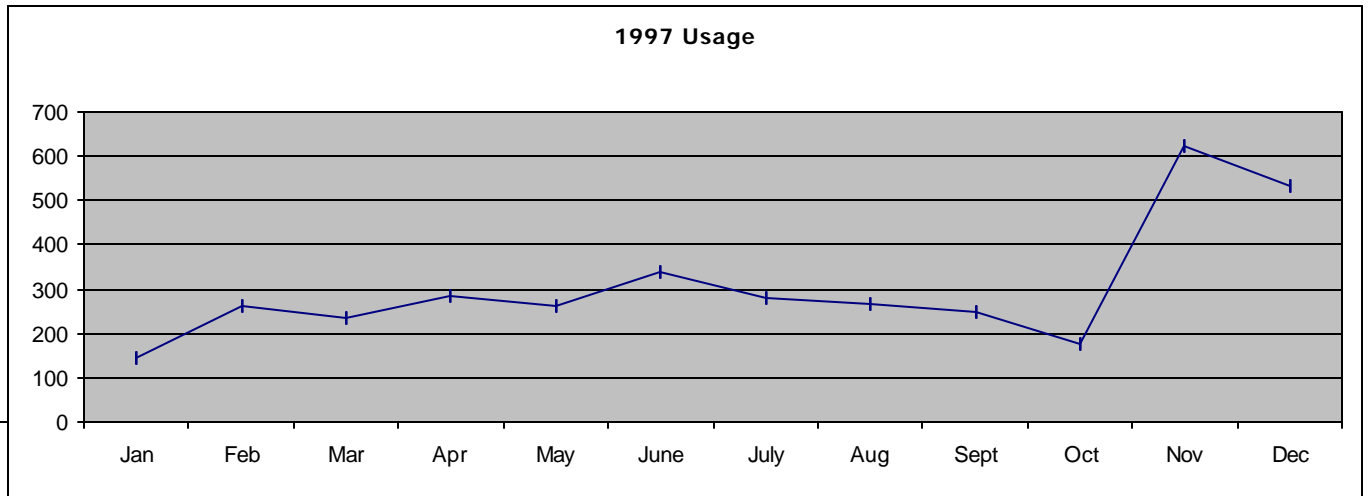
APPENDIX A











APPENDIX B

Individual Sick Leave by # Hours/Tours Left

<i>Employee #</i>	<i>Usage</i>	<i>Hrs. Used</i>	<i>Hours Left</i>	<i>Tours Left</i>	<i>% Used</i>	<i># of KD's/SL</i>
32	5.00	120.00	3480.00	145.00	3.33%	
23	11.00	124.75	3475.25	144.80	3.47%	
28	26.00	351.45	3248.55	135.36	9.76%	
25	17.00	370.00	3230.00	134.58	10.28%	
1	20.00	460.00	3140.00	130.83	12.78%	2
13	32.00	529.35	3070.65	127.94	14.70%	3
17	17.00	264.50	2975.50	123.98	8.16%	1
24	46.00	729.90	2870.10	119.59	20.28%	
20	37.00	871.50	2728.50	113.69	24.21%	
5	43.00	883.25	2716.75	113.20	24.53%	1
16	43.00	567.25	2642.75	110.11	17.67%	3
34	39.00	589.50	2602.50	108.44	18.47%	2
4	55.00	1100.25	2499.75	104.16	30.58%	2
10	57.00	1311.50	2288.50	95.35	36.43%	1
31	57.00	1330.75	2269.25	94.55	36.97%	
27	68.00	1373.45	2226.55	92.77	38.15%	2
7	75.00	1587.90	2012.10	83.84	44.11%	5
18	34.00	443.75	1884.25	78.51	18.06%	1
3	22.00	232.75	1735.25	72.30	11.83%	
30	45.00	681.50	1550.50	64.60	30.53%	3
2	29.00	425.00	1543.00	64.29	21.60%	1
8	98.00	2057.65	1542.35	64.26	57.16%	1
19	34.00	638.50	1329.50	55.40	32.44%	1
22	117.00	2460.75	1139.25	47.47	68.35%	6
6	117.00	1833.20	1136.80	47.37	61.72%	7
12	31.00	633.00	1047.00	43.63	37.68%	1
33	72.00	1415.50	912.50	38.02	60.80%	4
21	66.00	863.50	816.50	34.02	51.40%	1
28	17.00	184.25	607.75	25.32	23.26%	
11	18.00	265.50	550.50	22.94	32.54%	1
9	4.00	73.50	394.50	16.44	15.71%	1
	50.00	628.15	271.85	11.33	69.80%	1
29	3.00	21.75	230.25	9.59	8.63%	
15	5.00	36.00	216.00	9.00	14.29%	

Individual Sick Leave Data by % Used vs. Earned

<i>Employee #</i>	<i>Usage</i>	<i>Hrs. Used</i>	<i>Hours Left</i>	<i>Tours Left</i>	<i>% Used</i>	<i># of KD's/SL</i>
14		271.85				1
22		1139.25				6
6		1136.80				7
33		912.50				4
8		1542.35				1
21		816.50				
7		2012.10				5
27		2226.55				2
12		1047.00				1
31		2269.25				
10		2288.50				1
		550.50				1
19		1329.50				1
4		2499.75				2
30		1550.50				3
5		2716.75				1
20		2728.50				
28		607.75				
2		1543.00				1
24		2870.10				
18		1884.25				1
34		2602.50				2
16		2642.75				3
9		394.50				1
13		3070.65				3
15		216.00				
1		3140.00				2
3		1735.25				
25		3230.00				
26		3248.55				
29		230.25				
17		2975.50				
23		3475.25				
32		3480.00				

Individual Sick Leave by # of KD's Used with SL

<i>Employee #</i>	<i>Usage</i>	<i>Hrs. Used</i>	<i>Hours Left</i>	<i>Tours Left</i>	<i>% Used</i>	<i># of KD's/SL</i>
6		1136.80				7
22		1139.25				6
7		2012.10				5
33		912.50				4
30		1550.50				3
16		2642.75				3
13		3070.65				3
4		2499.75				2
34		2602.50				2
27		2226.55				2
		3140.00				2
14		271.85				1
		1047.00				1
		550.50				1
10		2288.50				1
8		1542.35				1
5		2716.75				1
2		1543.00				
9		394.50				
18		1884.25				
19		1329.50				1
21		816.50				1
26		3248.55				1
17		2975.50				1
15		216.00				
20		2728.50				
23		3475.25				
24		2870.10				
25		3230.00				
28		607.75				
29		230.25				
31		2269.25				
3		1735.25				
32		3480.00				

Individual Sick Leave by Usage (occurrences)

<i>Employee #</i>	<i>Usage</i>	<i>Hrs. Used</i>	<i>Hours Left</i>	<i>Tours Left</i>	<i>% Used</i>	<i># of KD's/SL</i>
22	117.00	2460.75	1139.25	47.47	68.35%	6
6	117.00	1833.20	1136.80	47.37	61.72%	7
8	96.00	2057.65	1542.35	64.26	57.16%	1
7	75.00	1587.90	2012.10	83.84	44.11%	5
33	72.00	1415.50	912.50	38.02	60.80%	4
27	68.00	1373.45	2226.55	92.77	38.15%	2
21	66.00	863.50	816.50	34.02	51.40%	1
31	57.00	1330.75	2269.25	94.55	36.97%	
10	57.00	1311.50	2288.50	95.35	36.43%	1
4	55.00	1100.25	2499.75	104.16	30.56%	2
14	50.00	628.15	271.85	11.33	69.80%	1
24	46.00	729.90	2870.10	119.59	20.28%	
30	45.00	681.50	1550.50	64.60	30.53%	3
5	43.00	883.25	2716.75	113.20	24.53%	1
16	43.00	567.25	2642.75	110.11	17.67%	3
34	39.00	589.50	2602.50	108.44	18.47%	2
20	37.00	871.50	2728.50	113.69	24.21%	
19	34.00	638.50	1329.50	55.40	32.44%	1
18	34.00	443.75	1884.25	78.51	19.06%	1
13	32.00	529.35	3070.65	127.94	14.70%	3
12	31.00	633.00	1047.00	43.63	37.68%	1
2	29.00	425.00	1543.00	64.29	21.60%	1
26	26.00	351.45	3248.55	135.36	9.76%	1
3	22.00	232.75	1735.25	72.30	11.83%	
1	20.00	460.00	3140.00	130.83	12.78%	2
11	18.00	265.50	550.50	22.94	32.54%	1
25	17.00	370.00	3230.00	134.58	10.28%	
17	17.00	264.50	2975.50	123.98	8.16%	1
28	17.00	184.25	607.75			
23	11.00	124.75	3475.25			
32	5.00	120.00	3480.00			
15	5.00	36.00	216.00			
9	4.00	73.50	394.50			
29	3.00	21.75	230.25			

Individual Sick Leave by Hours Used

<i>Employee #</i>	<i>Usage</i>	<i>Hrs. Used</i>	<i>Hours Left</i>	<i>Tours Left</i>	<i>% Used</i>	<i># of KD's/SL</i>
22		1139.25				6
8		1542.35				
6		1136.80				7
7		2012.10				5
33		912.50				4
27		2226.55				2
31		2269.25				
10		2288.50				
4		2499.75				
5		2716.75				1
20		2728.50				
21		816.50				1
24		2870.10				
30		1550.50				3
19		1329.50				
12		1047.00				
14		271.85				
34		2602.50				
16		2642.75				3
13		3070.65				3
		3140.00				2
18		1884.25				1
2		1543.00				1
25		3230.00				
26		3248.55				
11		550.50				
17		2975.50				
3		1735.25				
28		607.75				
23		3475.25				
32		3480.00				
9		394.50				
15		216.00				
29		230.25				

Individual Sick Leave by Hours Left

<i>Employee #</i>	<i>Usage</i>	<i>Hrs. Used</i>	<i>Hours Left</i>	<i>Tours Left</i>	<i>% Used</i>	<i># of KD's/SL</i>
32						
23						
26						
25						
						2
13						3
17						
24						
20						
5						
16						3
34						2
4						2
10						
31						
27						2
7						5
18						
3						
30						3
2						
8						1
19						1
22						6
6						7
12						
33						4
21						
28						
11						
9						
14						
29						
15						

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	TOTALS
January	24	144	72	24	192	288	48	96	468.25	98.25	247.5	281.25	142.75	2126
February	48	31.5	24	48	48	48	72	202	345.25	283.25	171.2	161.25	261.5	1743.95
March	192	64	72	48	0	48	181.25	348	530.5	117	124.75	305.75	236.5	2267.75
April	216	240	96	72	96	72	120	152	696	94.5	70	460.5	283.2	2668.2
May	24	264	24	0	48	8	96	149.25	351.75	79.25	277	472.9	263.95	2058.1
June	34.5	360	0	240	24	48	24	187	66	130	312.5	533.25	337	2296.25
July	48	175.5	0	24	100.5	0	0	128	24	59.75	193.75	488.75	281.5	1523.75
August	48	24	48	108.25	48	24	264	76.5	24	51.5	225	396.5	268.5	1606.25
September	0	0	0	48	0	80	278	132	42	95	423.75	633.25	246.45	1978.45
October	24	91.5	48	96	0	96	350.5	275	145.5	123.75	156.25	479.25	174.25	2060
November	24	72	299.75	0	264	264	66	153.5	80.25	103.75	350.45	325.45	621.5	2624.65
December	24	120	52	168	374	32	154	195.75	104.75	248.25	227.25	290.45	533.9	2524.35

totals	706.5	1586.5	735.75	876.25	1195	1008	1653.8	2095	2878.3	1484.25	2779.4	4828.55	3651	
														25477.7

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
1985	24	48	192	216	24	34.5	48	48	0	24	24	24	
1986	144	31.5	64	240	264	360	175.5	24	0	91.5	72	120	
1987	72	24	72	96	24	0	0	48	0	48	299.8	52	
1988	24	48	48	72	0	240	24	108.25	48	96	0	168	
1989	192	48	0	96	48	24	100.5	48	0	0	264	374	
1990	288	48	48	72	8	48	0	24	80	96	264	32	
1991	48	72	181.3	120	96	24	0	264	278	350.5	66	154	
1992	96	202	348	152	149.3	187	128	76.5	132	275	153.5	195.75	
1993	468.3	345.25	530.5	696	351.8	66	24	24	42	145.5	80.25	104.75	
1994	98.25	283.25	117	94.5	79.25	130	59.75	51.5	95	123.75	103.75	248.25	
1995	247.5	171.25	124.75	70	277	312.5	193.75	225	423.75	156.25	350.75	227.25	
1996	281.3	161.25	305.75	460.5	472.9	533.3	488.75	396.5	633.25	479.25	325.45	290.45	
1997	142.8	261.5	236.5	283.25	264	337	281.5	268.5	246.45	174.25	621.5	533.9	
	2126	1744	2267.8	2668.3	2058	2296	1523.8	1606.3	1978.5	2060	2625	2524.35	
	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
March	192	64	72	48	0	48	181.25	348	530.5	117	124.75	305.75	236.5

Sick Leave Report

	Hours Used	Regular Sick Leave	Total # Occurances	Ave. Hrs Off
1985	706.5		30	23.55
1986	1,586.35		69	22.9
1987	735.75		32	22.9
1988	876.25		38	23.05
1989	1,194.5		51	23.42
1990	1,008		44	22.9
1991	1,635.75		71	23.03
1992	2,043.5		90	22.7
1993	2,876.00		131	21.95
1994	1,277.75		60	21.29
1995	2,482.25		115	21.58
1996	4,472.4		223	20.05
1997	3,214.15		174	18.47
	24,109.15		1,129	21.35

Sickness in Family

1991	18	2	9
1992	51.5	9	5.72
1993	2.25	1	2.25
1994	206.5	40	5.16
1995	297.15	65	4.57
1996	380.15	69	5.50
1997	418.85	94	4.45
	1,374.4	280	4.9